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2-Day Intensive Workshop

Treating Complex Trauma with Internal Family Systems (IFS) Therapy

Frank Anderson, MD

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MATERIALS PROVIDED BY

Frank Anderson, MD, completed his residency and was a clinical instructor in psychiatry at Harvard Medical School. He is both a psychiatrist and psychotherapist. He specializes in the treatment of trauma and dissociation and is passionate about teaching brain-based psychotherapy and integrating current neuroscience knowledge with the IFS model of therapy.

Dr. Anderson is a lead trainer at the IFS Institute with Richard Schwartz and maintains a long affiliation with, and trains for, Bessel van der Kolk's Trauma Center. He serves as an advisor to the International Association of Trauma Professionals (IATP) and was the former chair and director of the Foundation for Self-Leadership.

Dr. Anderson has lectured extensively on the Neurobiology of PTSD and Dissociation and wrote the chapter "Who's Taking What" Connecting Neuroscience, Psychopharmacology and Internal Family Systems for Trauma in *Internal Family Systems Therapy – New Dimensions*. He co-authored a chapter on What IFS Brings to Trauma Treatment in *Innovations and Elaborations in Internal Family Systems Therapy*, and recently co-authored *Internal Family Systems Skills Training Manual*.

His most recent book, entitled *Transcending Trauma: Healing Complex PTSD with Internal Family Systems* was released on May 19, 2021.

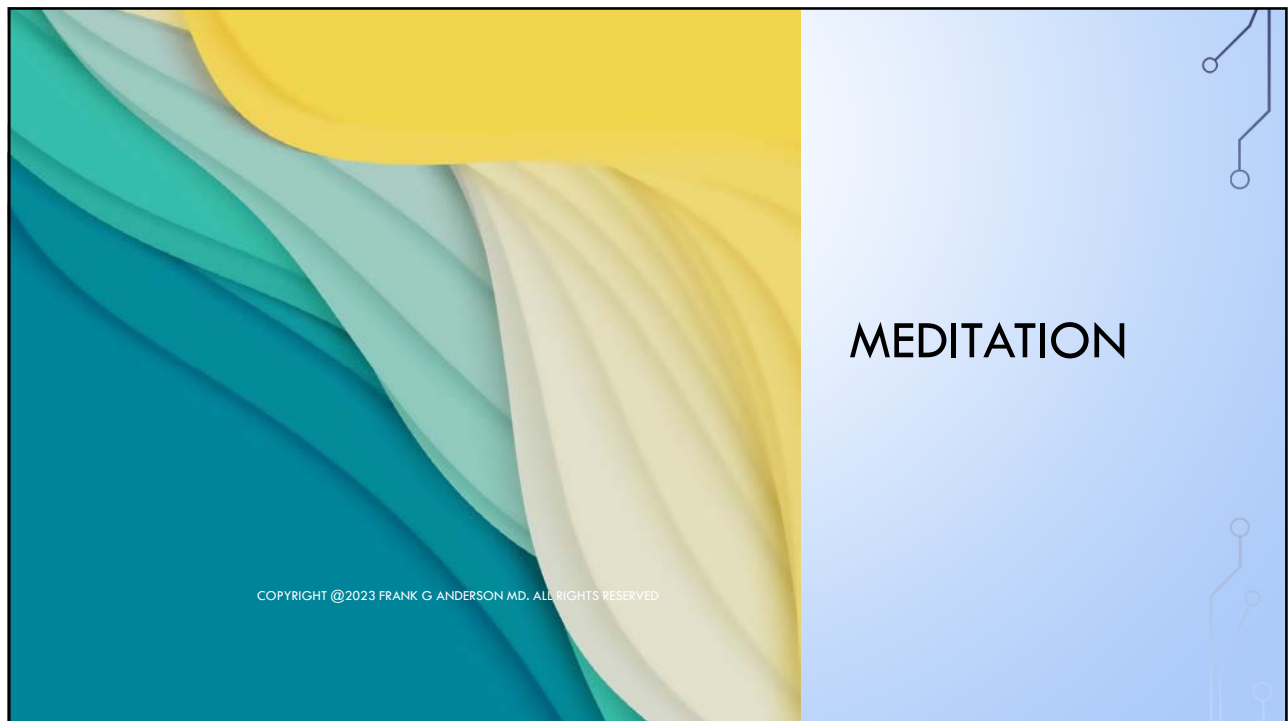
His memoir, *To Be Loved*, was released on May 7, 2024.

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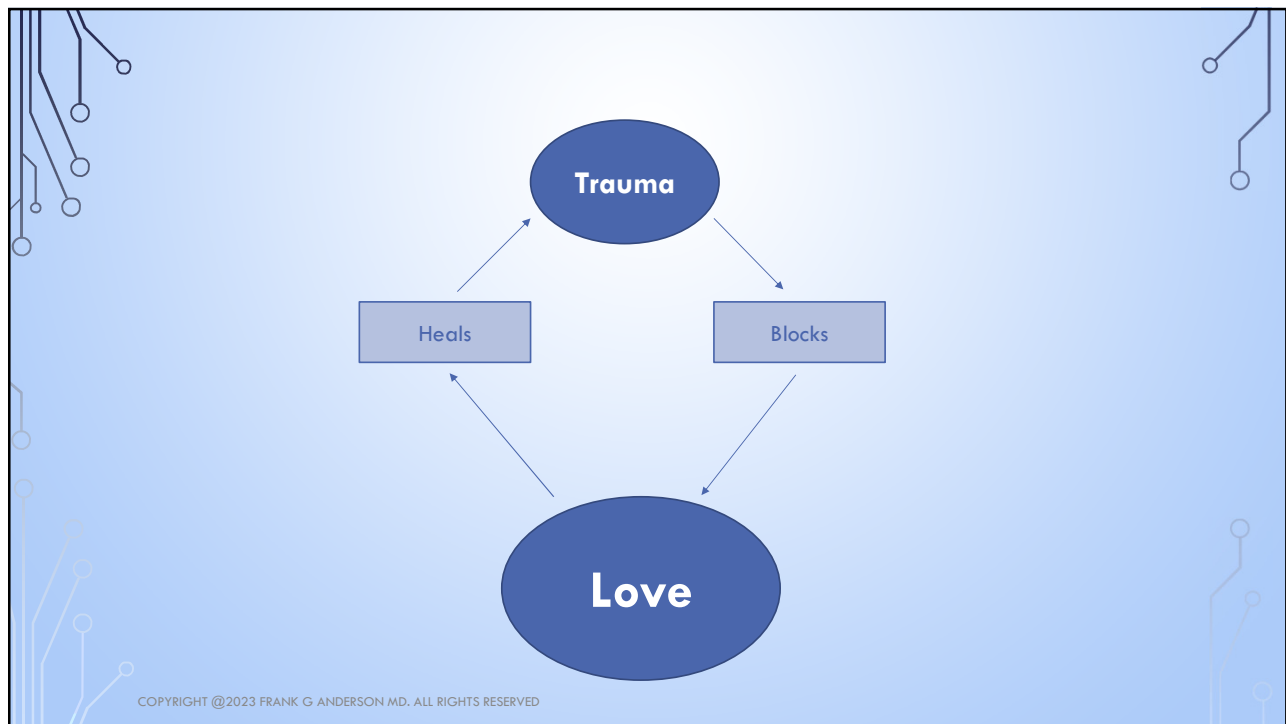
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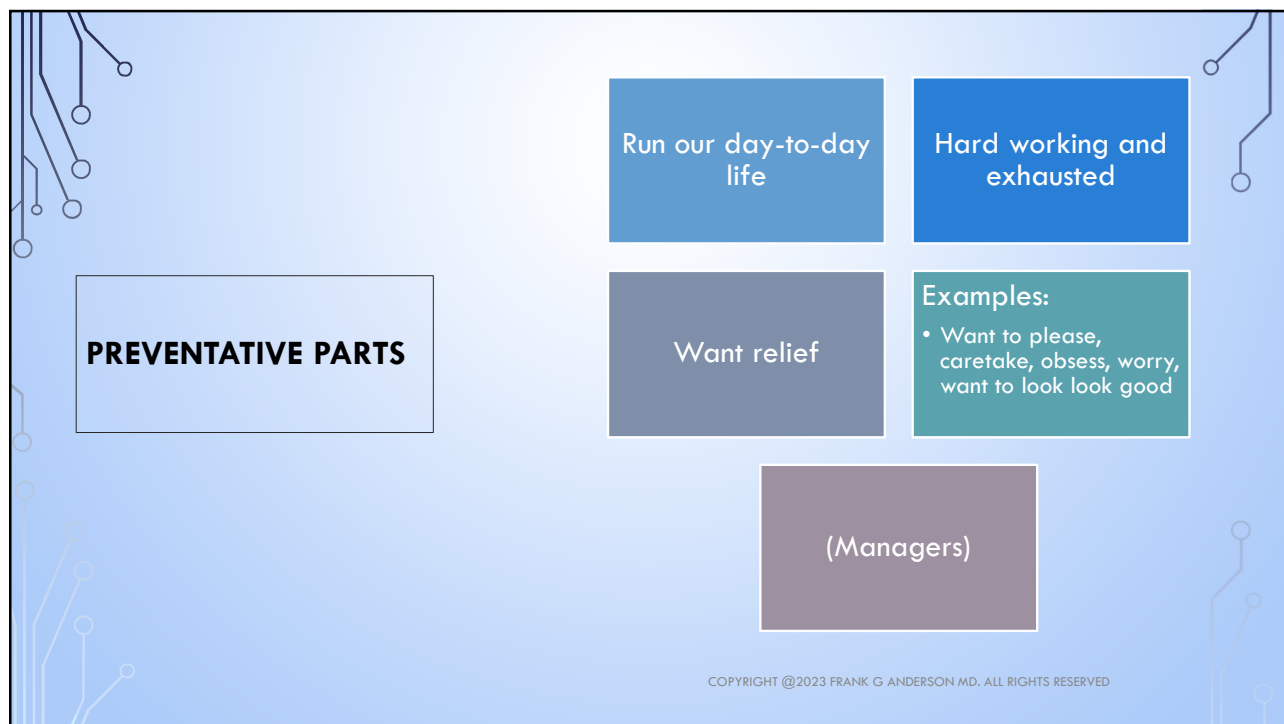
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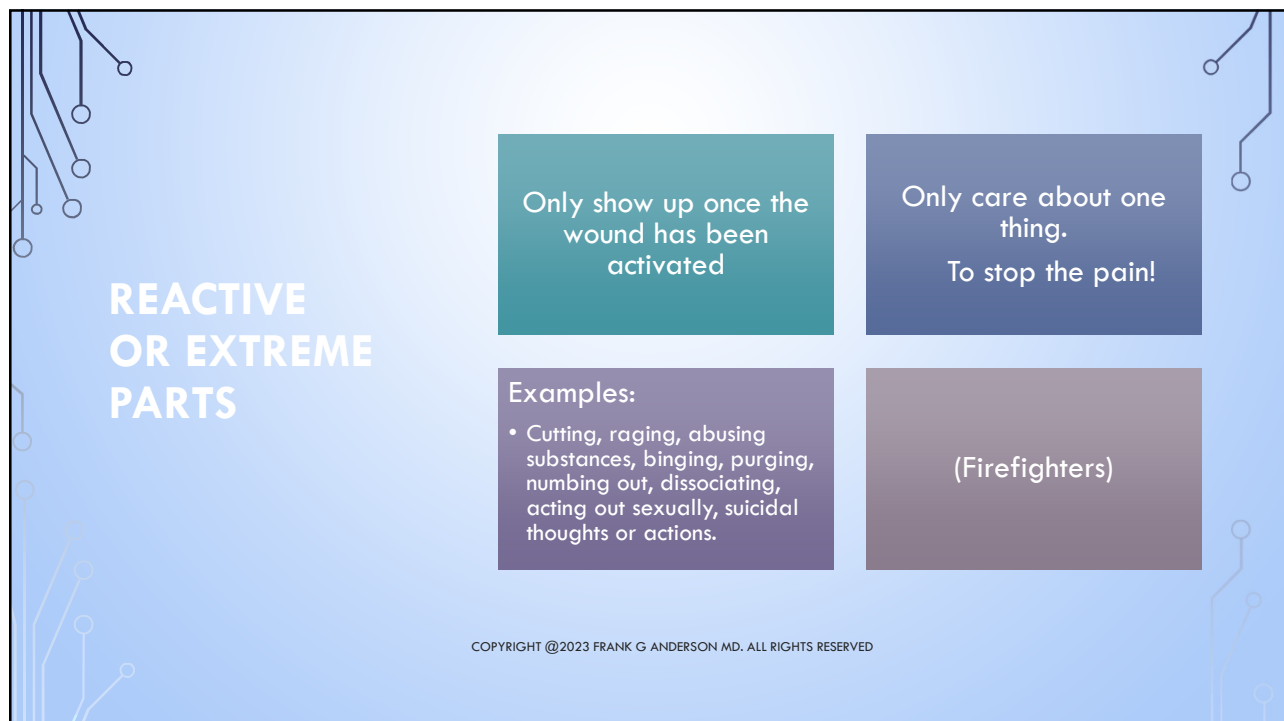
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GET TO KNOW ONE OF YOUR PREVENTIVE PARTS EXERCISE

THE CARETAKER, THE FIXER, THE ONE THAT UNDERSTANDS, THE ONE THAT ACCOMMODATES, THE ONE THAT FIGURES THINGS OUT, THE FUNNY ONE?

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WOUNDED OR BURDENED PARTS

Often young & vulnerable

Carry wounds, pain,, feelings of betrayal & trauma

- Memories, physical sensations, emotions and beliefs
- Shame, unmet needs, lack of love connection, being alone

Stuck in the past, implicit memory

"Parts are not their wounds"

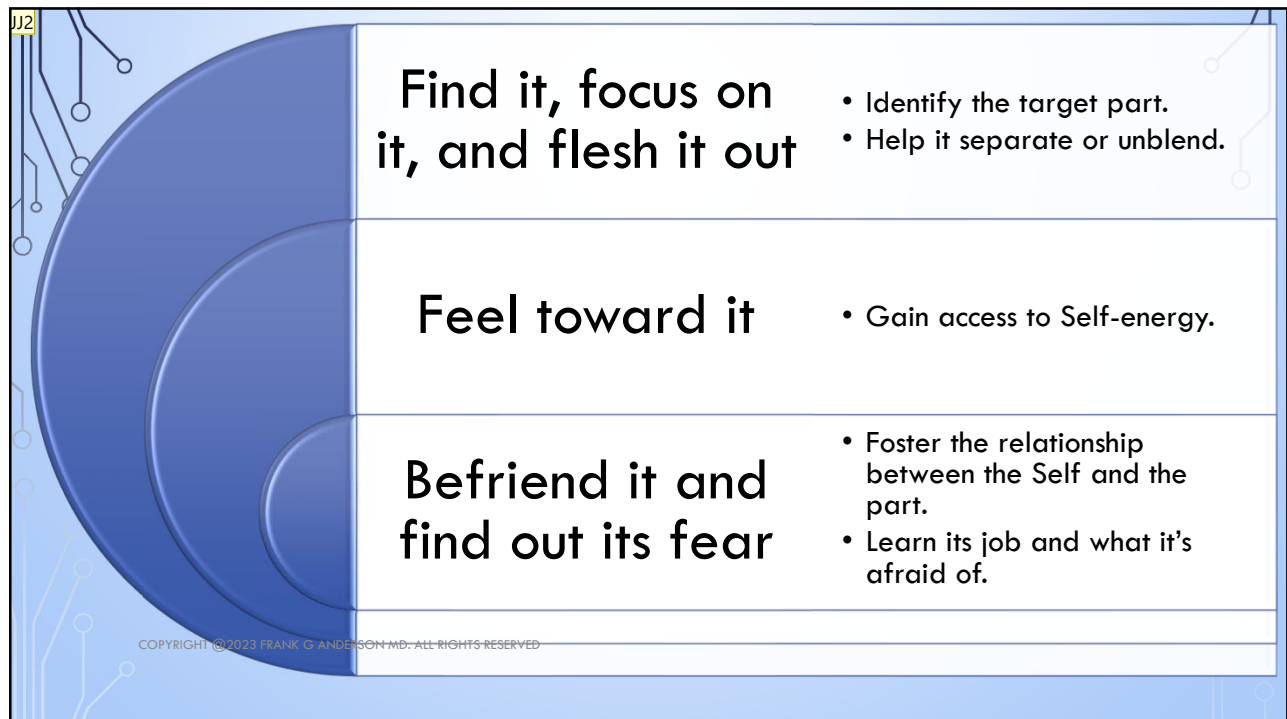
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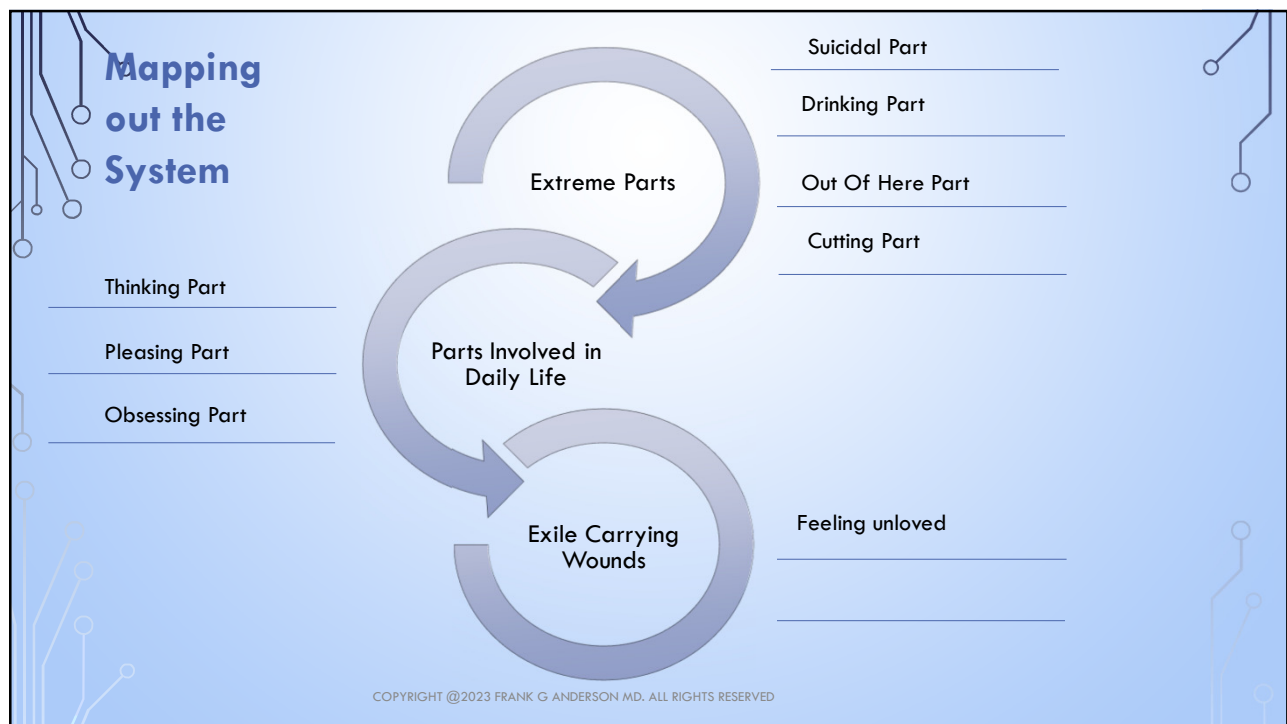
THE GOAL OF WORKING WITH PROTECTIVE PARTS IS TO HELP THEM SEPARATE FROM THE SELF, LEARN ABOUT THEIR JOB AND FEAR, AND GAIN THEIR PERMISSION TO ACCESS THE WOUND.

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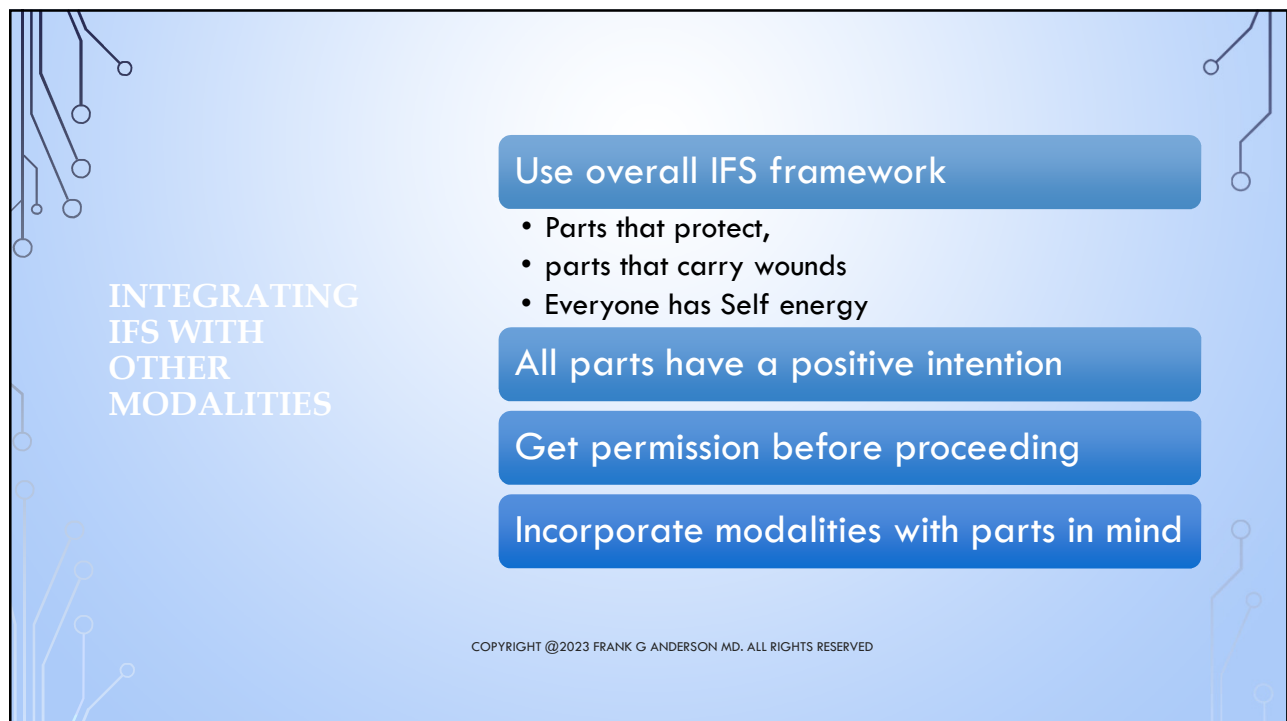
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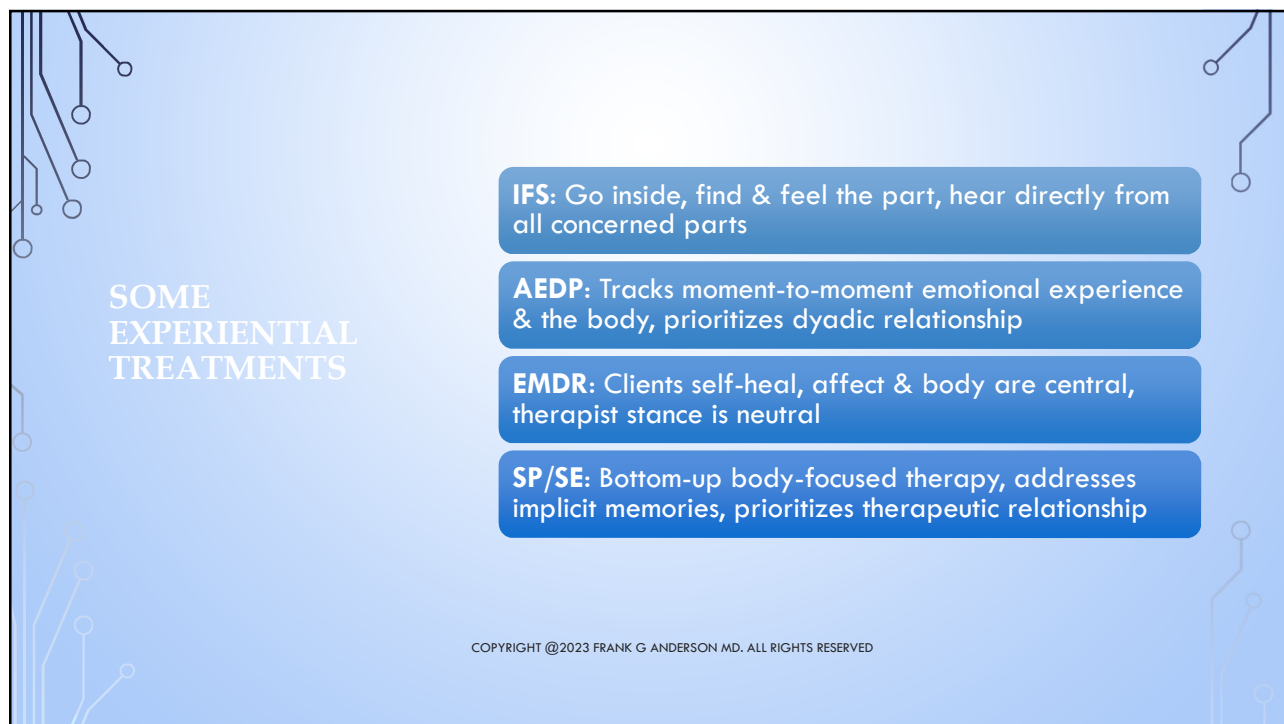
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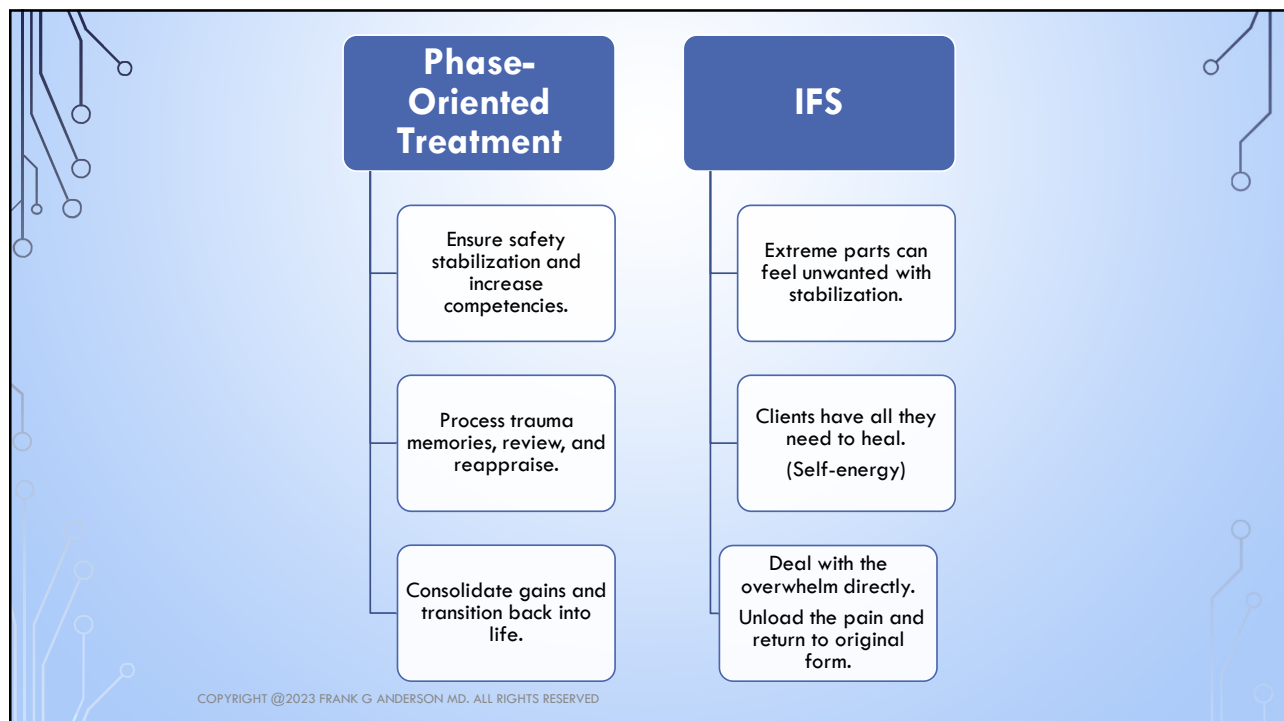
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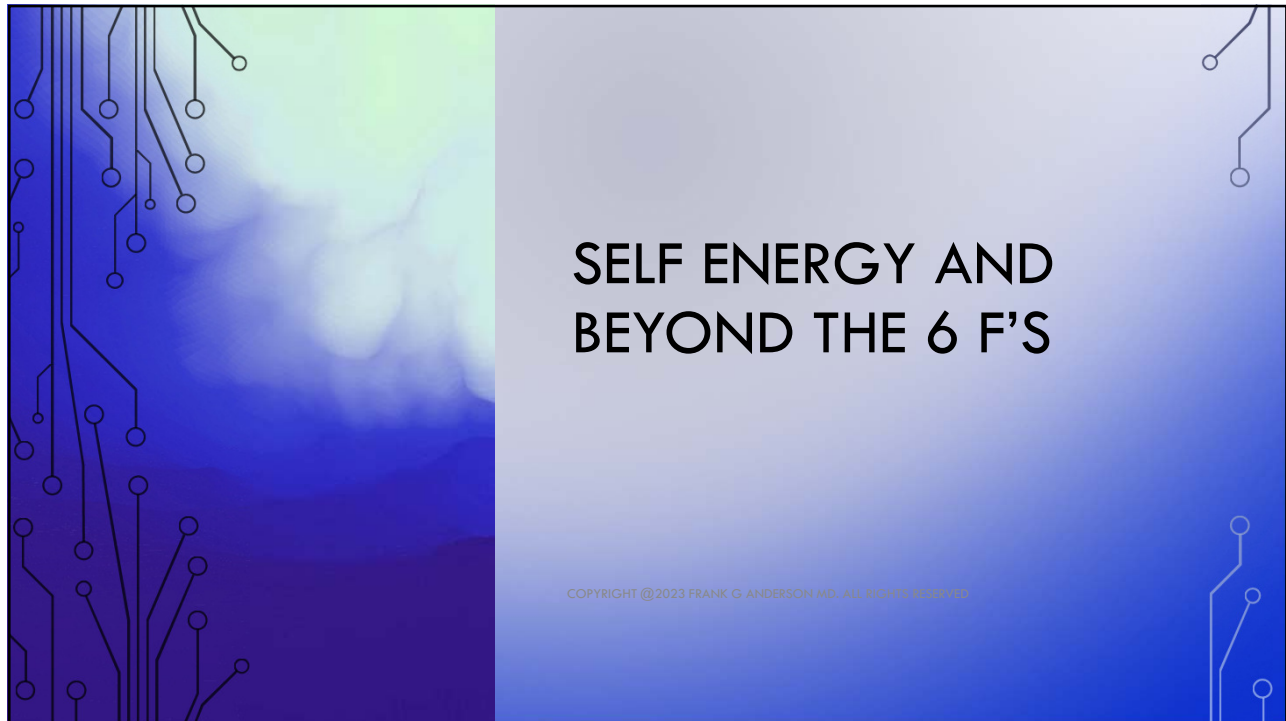
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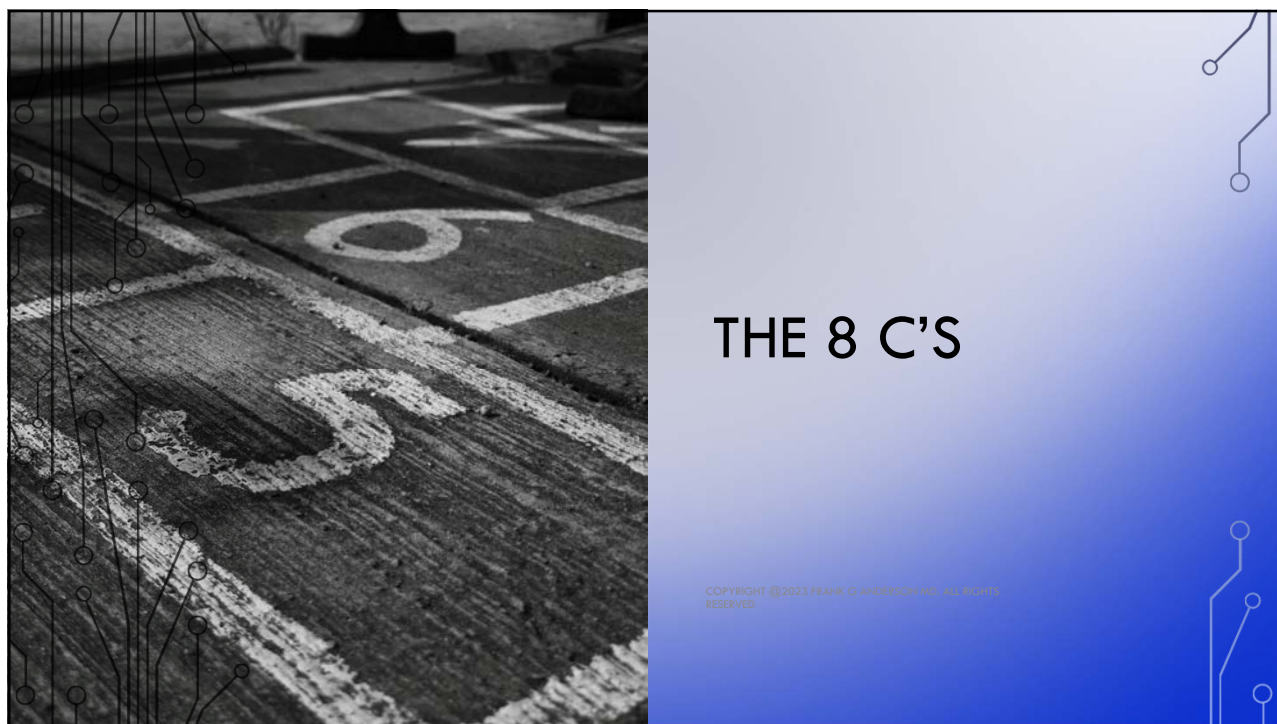


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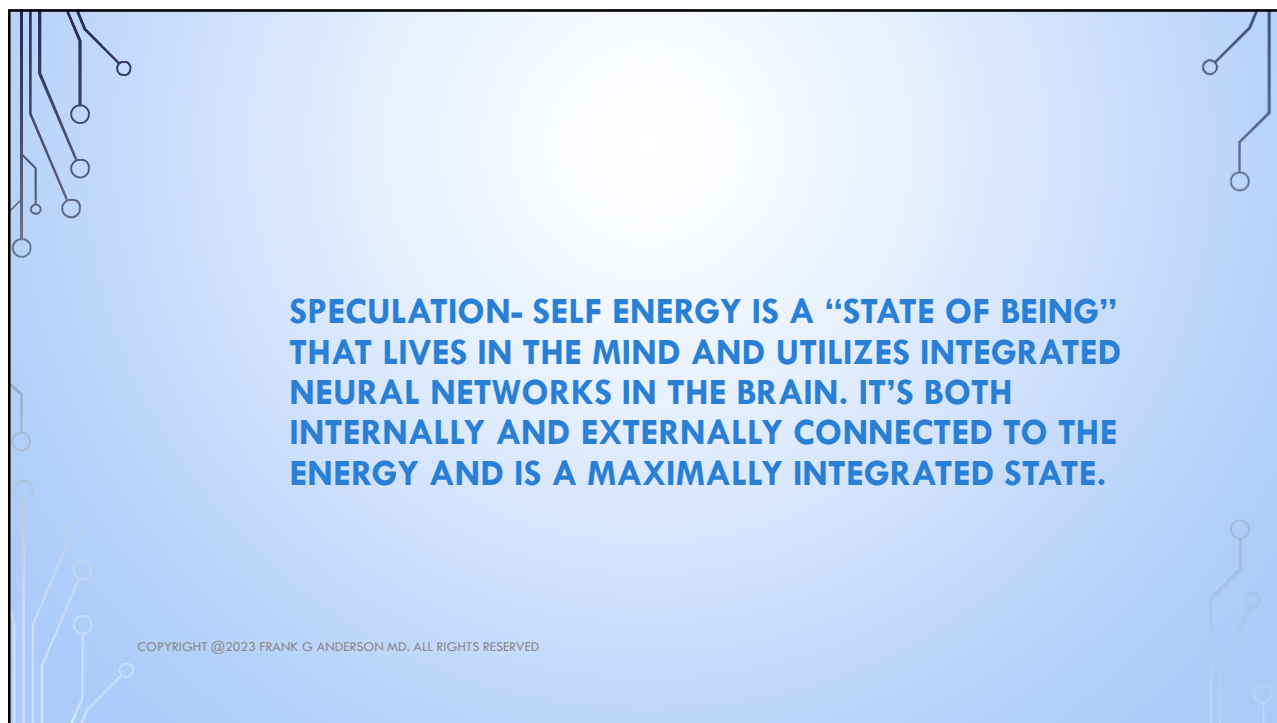
A presentation slide with a light blue background. On the left, there is a vertical strip with a circuit-like pattern of lines and circles. The title "WE ALL HAVE SELF ENERGY" is centered in bold, black capital letters. Below the title is a bulleted list of seven points. To the right of the text is a large, abstract, colorful image with swirling patterns in shades of brown, orange, green, and blue, resembling a microscopic view of a mineral or a complex organic structure. At the bottom left, in small yellow capital letters, is the text "COPYRIGHT @2023 FRANK G ANDERSON MD. ALL RIGHTS RESERVED".

- Different from parts.
- Our core or soul or internal wisdom
- Inherent healing capacity
- Connected to source energy or God or Buddha
- "A state of being"
- Different ways to access it
- Different dimensions of Self energy

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SELF AND TRAUMA (LANIUS)

DMN- Default Mode Network

- Self-reflection, introspection, self-awareness
- Posterior cingulate- the past
- DMPFC- the future
- Parietal lobe- embodied- present day
- **In trauma only connects to the past**

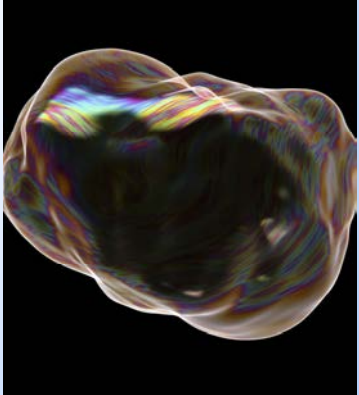
Periaqueductal Grey (PAG)

- Raw emotional states originate in the PAG
- Regulates the autonomic nervous system
- Sympathetic- (fight or flight)
- Parasympathetic- (freeze and shutdown)

In trauma the PAG drives the DMN

Trauma and sense of self get connected

Uncouple PAG and DMN to heal trauma



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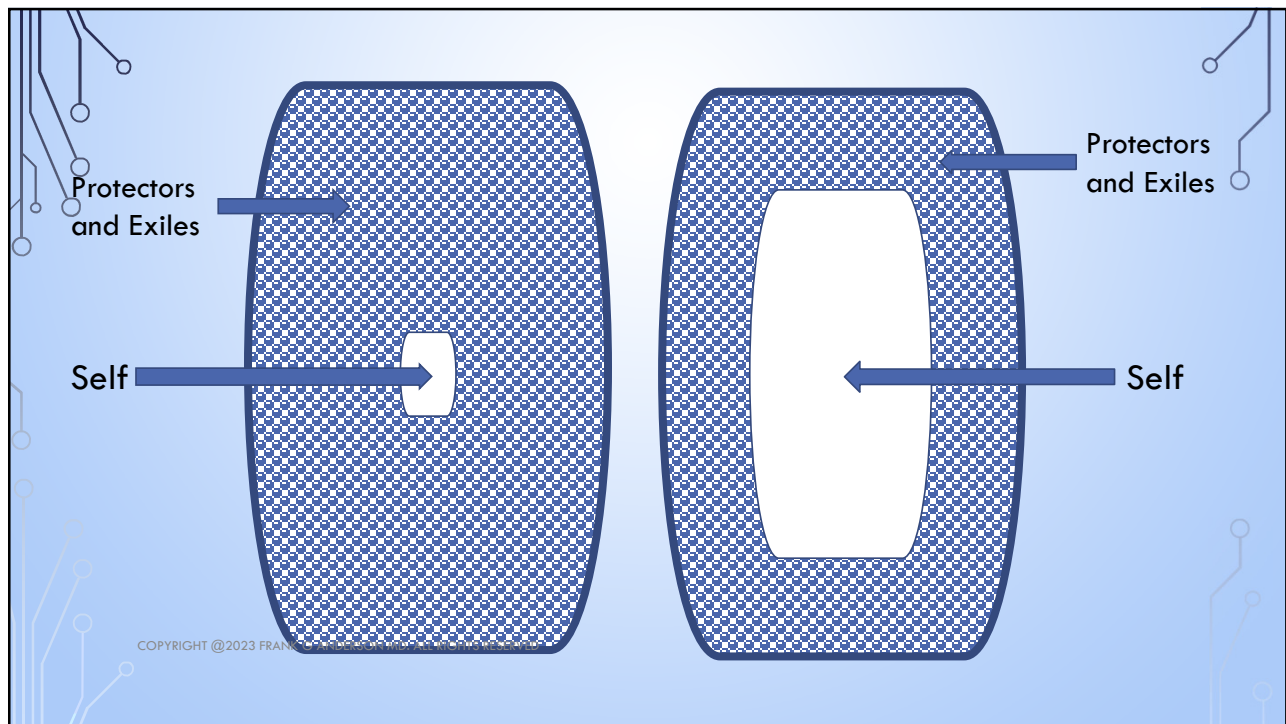
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CORTICAL MIDLINE STRUCTURES (CMS) (NORTOFF & BERMPHOHL)

- **Generating a model of the Self in the brain**
- Processing of Self-referential stimuli in CMS
 - OMPFC= **How we Represent** ourselves.
 - DLPFC= **How we Evaluate** ourselves.
 - AC= **How we Monitor** ourselves.
 - PC= **Helps Integrate** the above.
- Connects to dorsal & ventral lateral PFC, which serve hippocampus, amygdala & insula
- **(Self, Emotion & Body awareness)**

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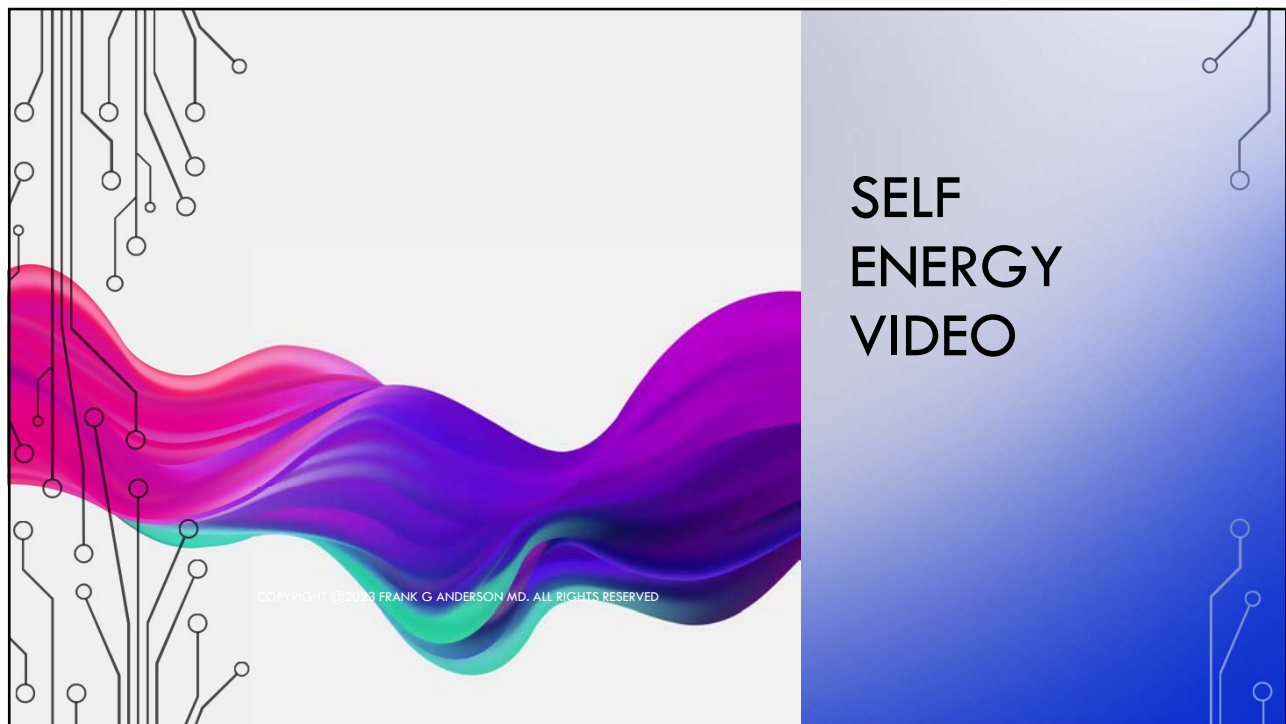
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RESOURCE PROJECT (TANIA SINGER)

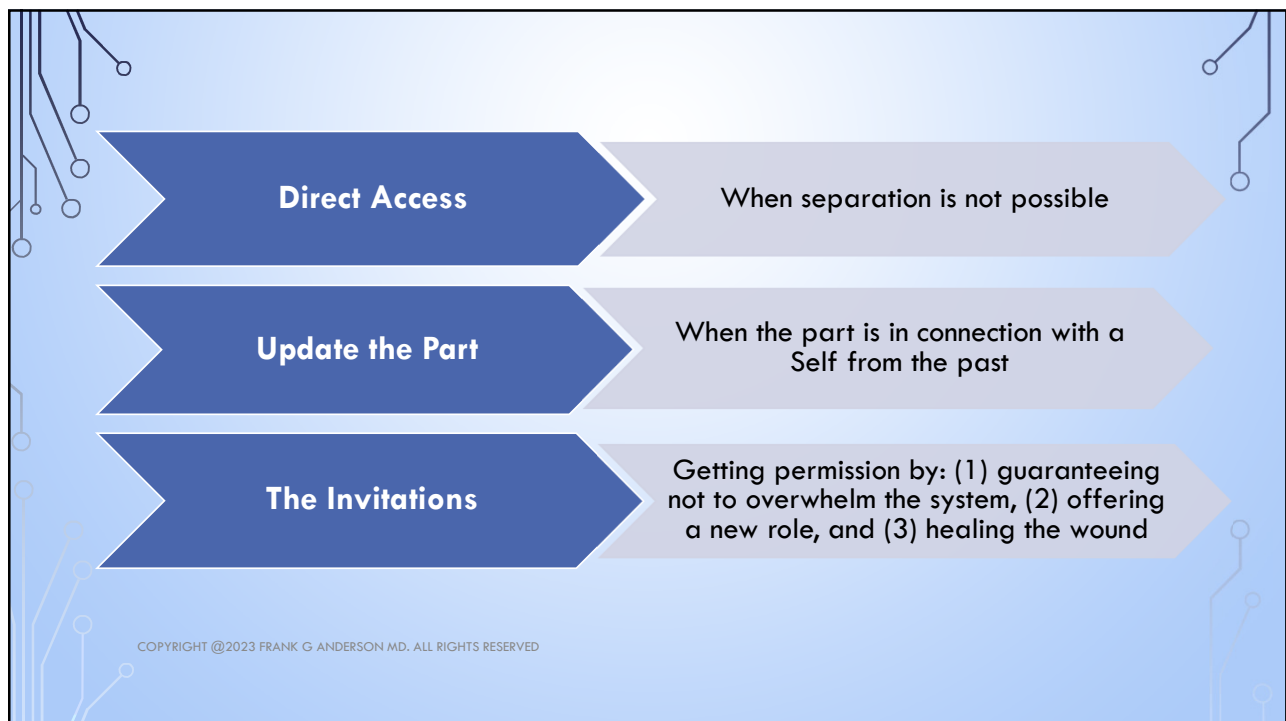
- **Compassion**
 - Feeling of concern for others suffering with motivation to help
 - Care-seeking network
 - Ventral striatum, pregenual anterior cingulate cortex and medial orbitofrontal cortex.
 - **Unblended**
- **Empathy**
 - Resonate with others suffering
 - Interoceptive- feel others pain, can lead to burn out
 - Anterior insula and anterior midcingulate cortex
 - **Blended (when our exiles are activated)**

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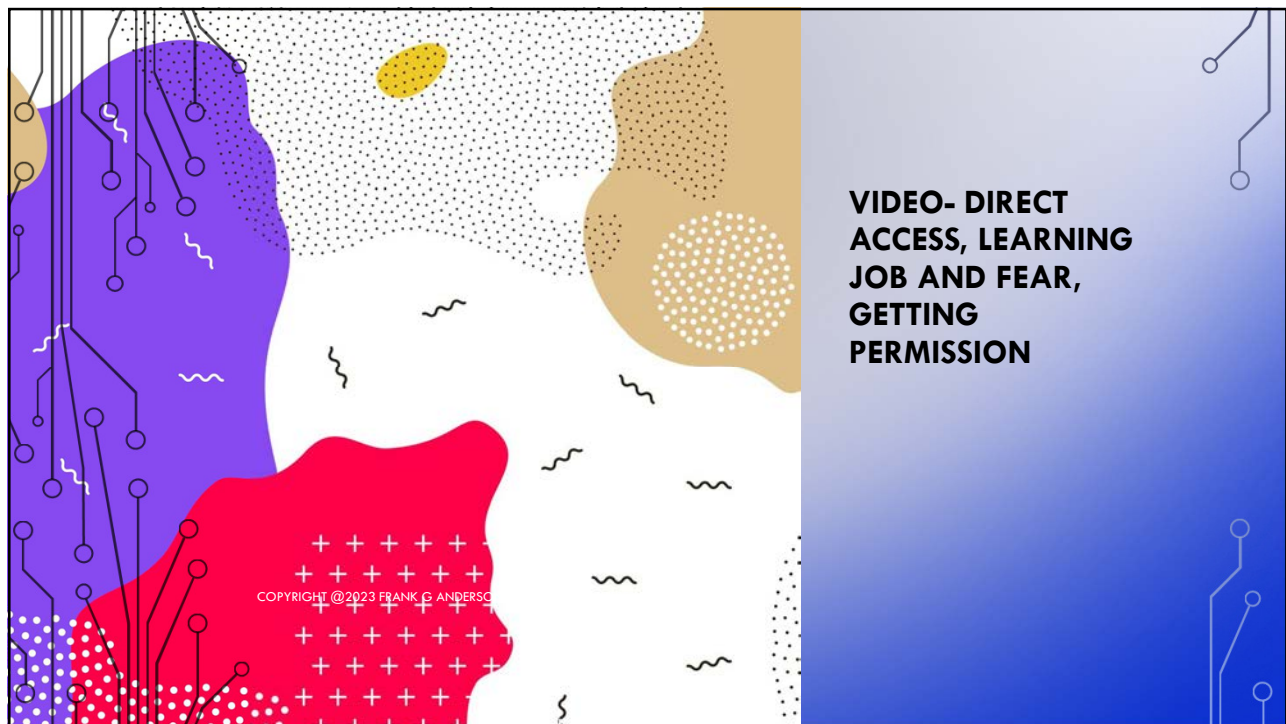
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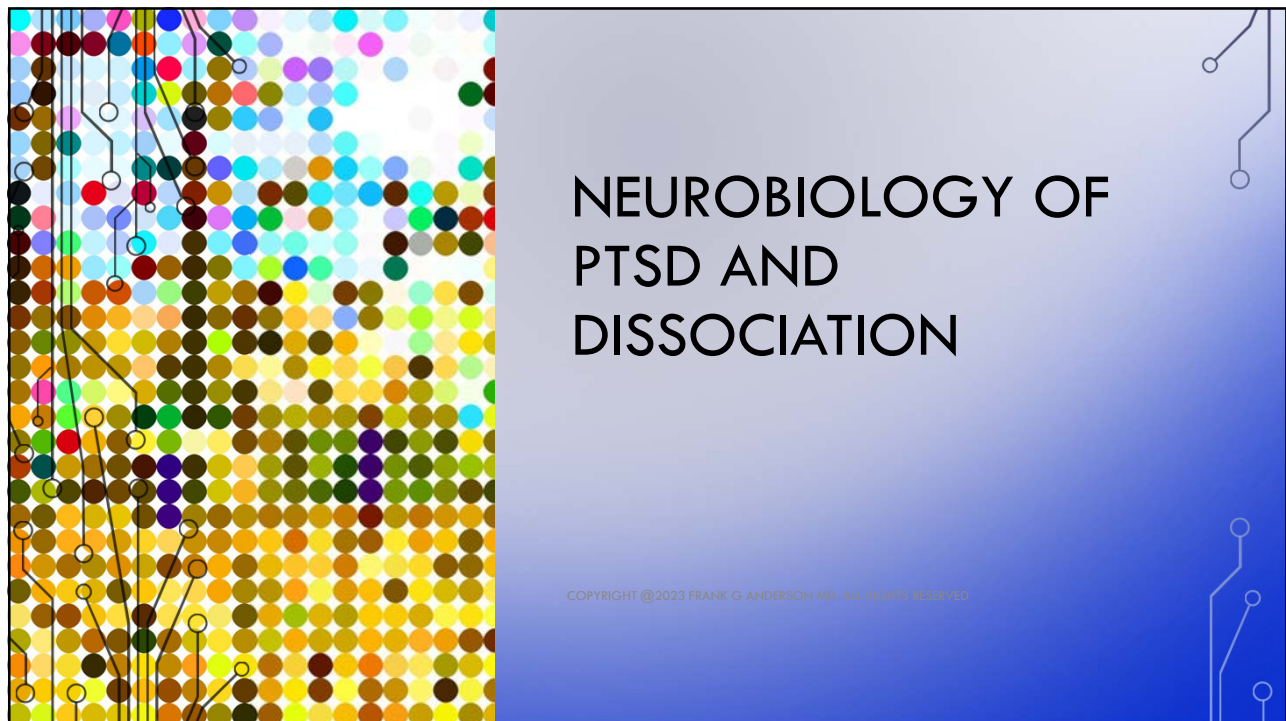
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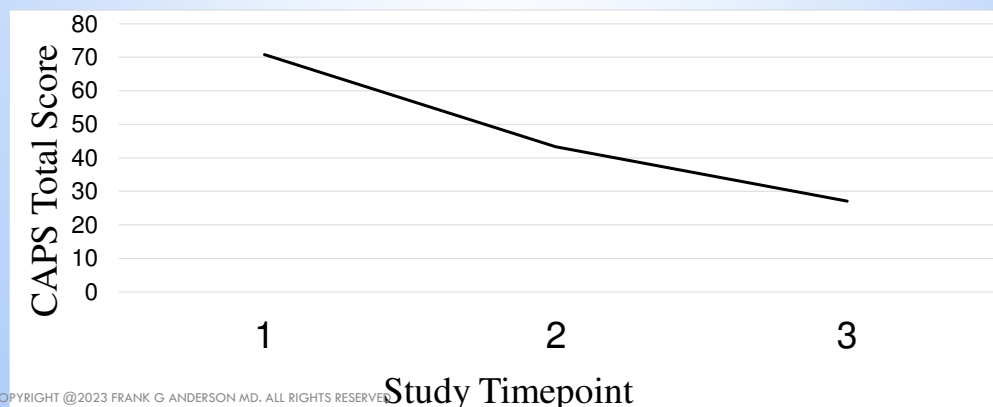
IFS COMPLEX TRAUMA STUDY

- Participants received 16 weekly, 90-minute IFS sessions
- Were evaluated 4 times (baseline, mid, post and at 1-month follow up).
- 17 adults ages 28 to 58 ($M = 46$ years, 76% female).
- Exposure to at least two types of trauma during childhood
- Most common trauma reported: sexual abuse (65%), psychological maltreatment (65%), and physical abuse (59%).
- At the 1-month follow up assessment, 92% of participants no longer met criteria for PTSD
- Study limitations- small sample and no control sample

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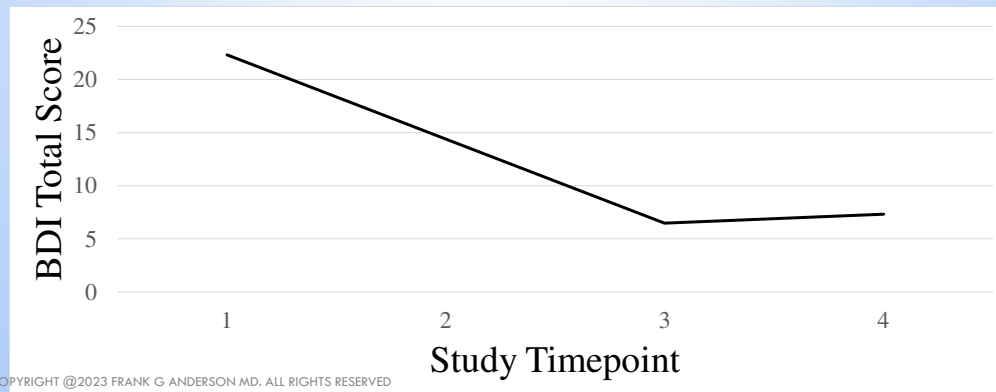
CHANGE OVER TIME IN PTSD SYMPTOM SEVERITY ON THE CAPS FROM STUDY PRETREATMENT (1) TO POSTTREATMENT (2) AND ONE-MONTH FOLLOW-UP (3)



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CHANGE OVER TIME IN DEPRESSION SYMPTOM SEVERITY ON THE BDI FROM STUDY PRETREATMENT (1) TO MID-TREATMENT (2), POSTTREATMENT (3) AND ONE-MONTH FOLLOW-UP (4)



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MIND-BRAIN RELATIONSHIP (SIEGEL)

- **Function vs. Structure**
- **Mind-**
 - *Embodied, Relational & Self-organizing process that regulates the flow of energy & information*
 - Mind deals with energy
 - Attention (PFC) directs energy flow
 - **The Mind can change the Brain**
- **Brain**
 - Is structure and can change states
 - Not all agree

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THE BRAIN CHANGES

- Neurons fire when we have experience.
- Firing strengthens and grows new synapses.

Neuroplasticity

- Firing also grows new nerve cells.

Neurogenesis

- When the system is working together smoothly

Neural Integration = Mental Health

Imagination is a powerful neuroplastic agent

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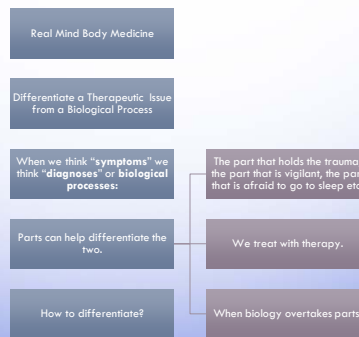
PRIMARY PROCESS EMOTIONS (PANKSEPP)

- **Networks of seven basic emotional systems**
 - **Seeking**- explore, desire, aspirations of the heart
 - Mesolimbic **dopamine** system
 - **Fear/Anxiety**-including fight & flight
 - Fight= **high dopamine** Flight= **low dopamine**
 - **Rage/Anger**
 - Closely parallels fear system, different paths in amygdala and beyond
 - **Lust/sexual**
 - Female- (oxytocin), Male- (vasopressin)
 - **Care/Nurturance**
 - Oxytocin & prolactin
 - **Panic/Grief**-Separation & loss can lead to panic attacks and depression
 - Opioids, oxytocin, prolactin
 - **Play**-most underutilized emotion in therapy

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PSYCHOLOGY VS. BIOLOGY HOW IFS HANDLES COMORBIDITIES



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NORMAL RESPONSE TO FEAR

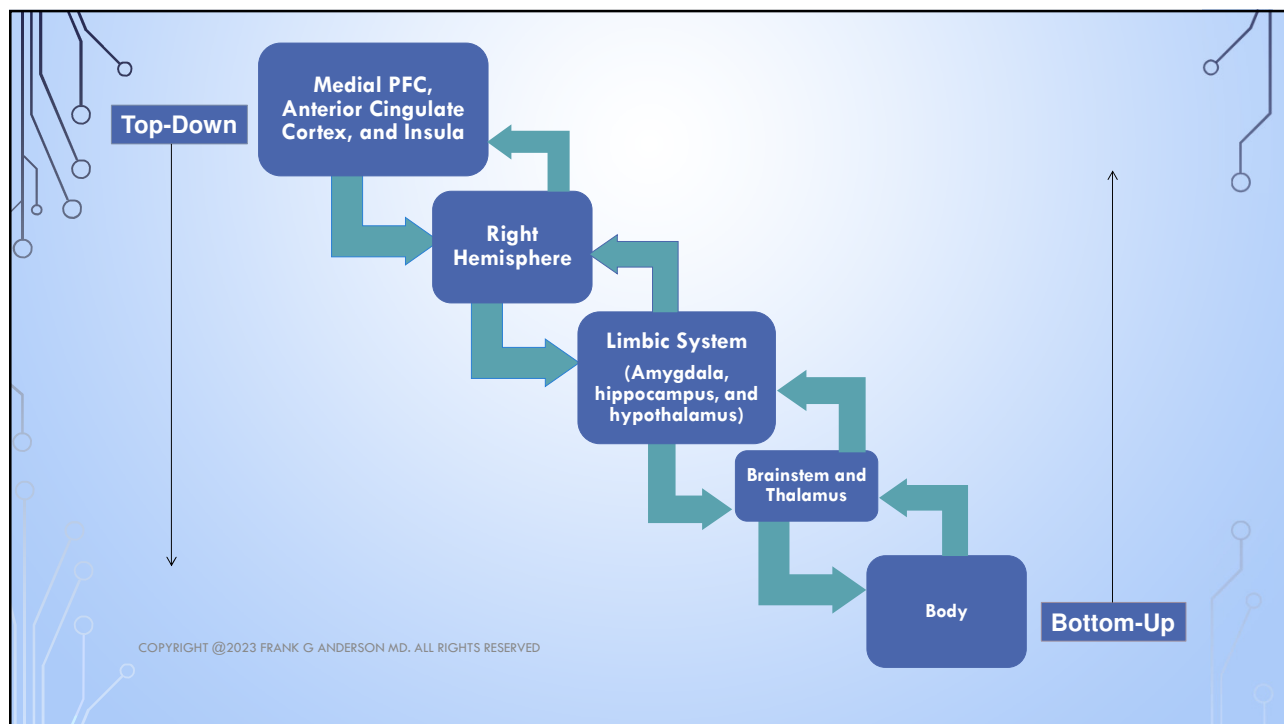
Here we are dealing with/processing thoughts feelings and body sensations.

Normal activation with normal response and recovery.

Keeping thoughts feelings and physical sensations from getting out of control.

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THE AUTONOMIC NERVOUS SYSTEM (ANS)

SYMPATHETIC
FIGHT OR FLIGHT
ACTIVATION
HYPER-AROUSAL BOTH PHYSICALLY AND EMOTIONALLY

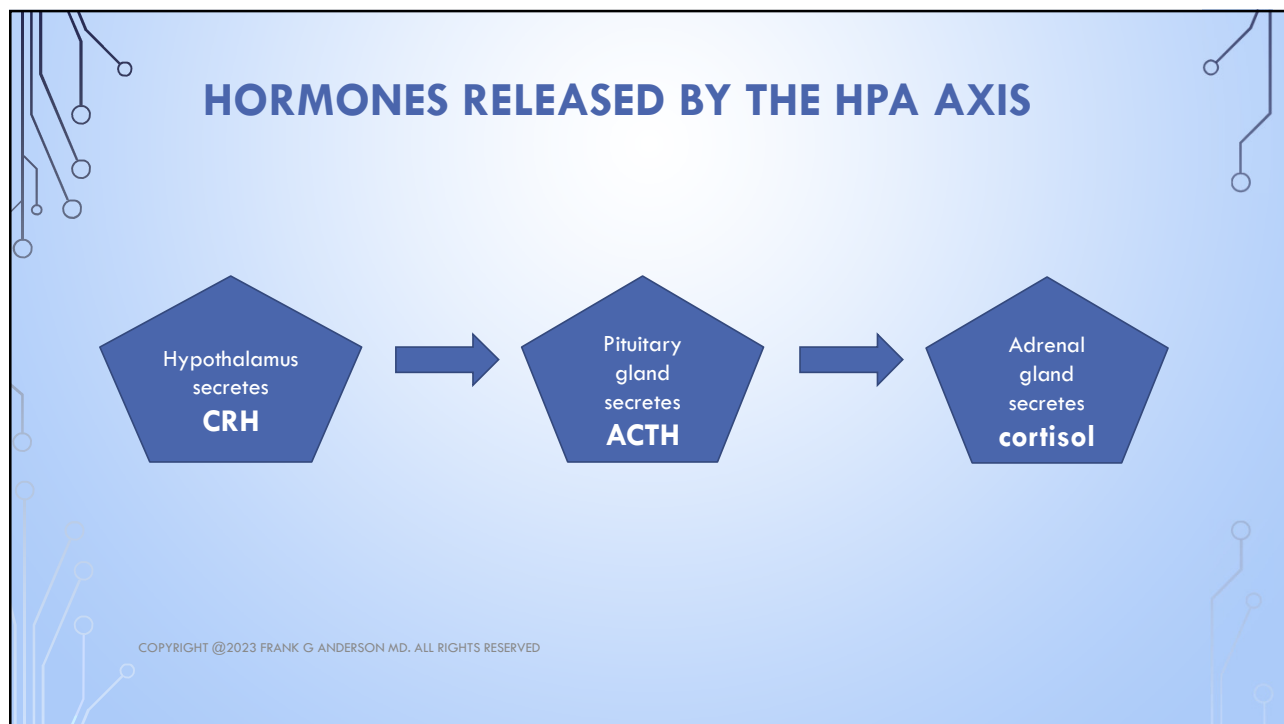
PARASYMPATHETIC
REST AND DIGEST
WITHDRAWAL OR BLUNTING OR HYPO-AROUSAL
VENTRAL AND DORSAL BRANCHES

THREE CATEGORIES OF EXTREME REACTIONS

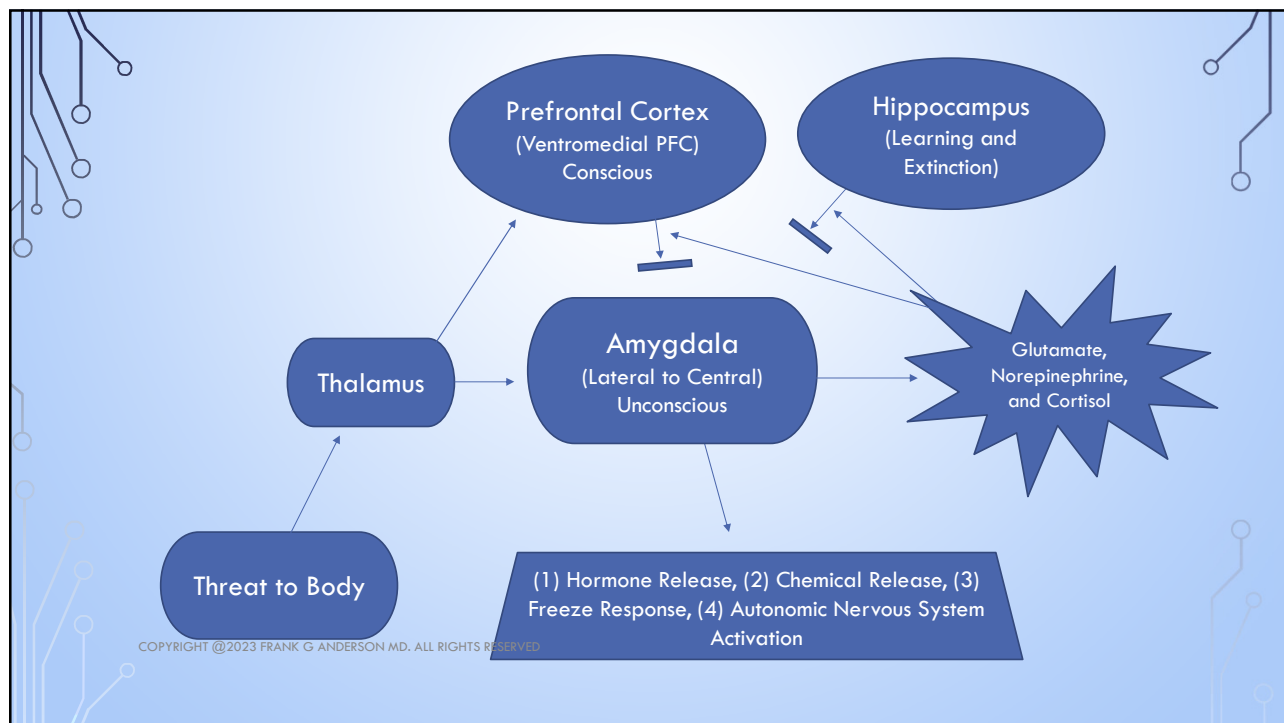
1. ACTIVATION OR HYPER-AROUSED
2. BLUNTED OR HYPO-AROUSED
3. WOUNDS

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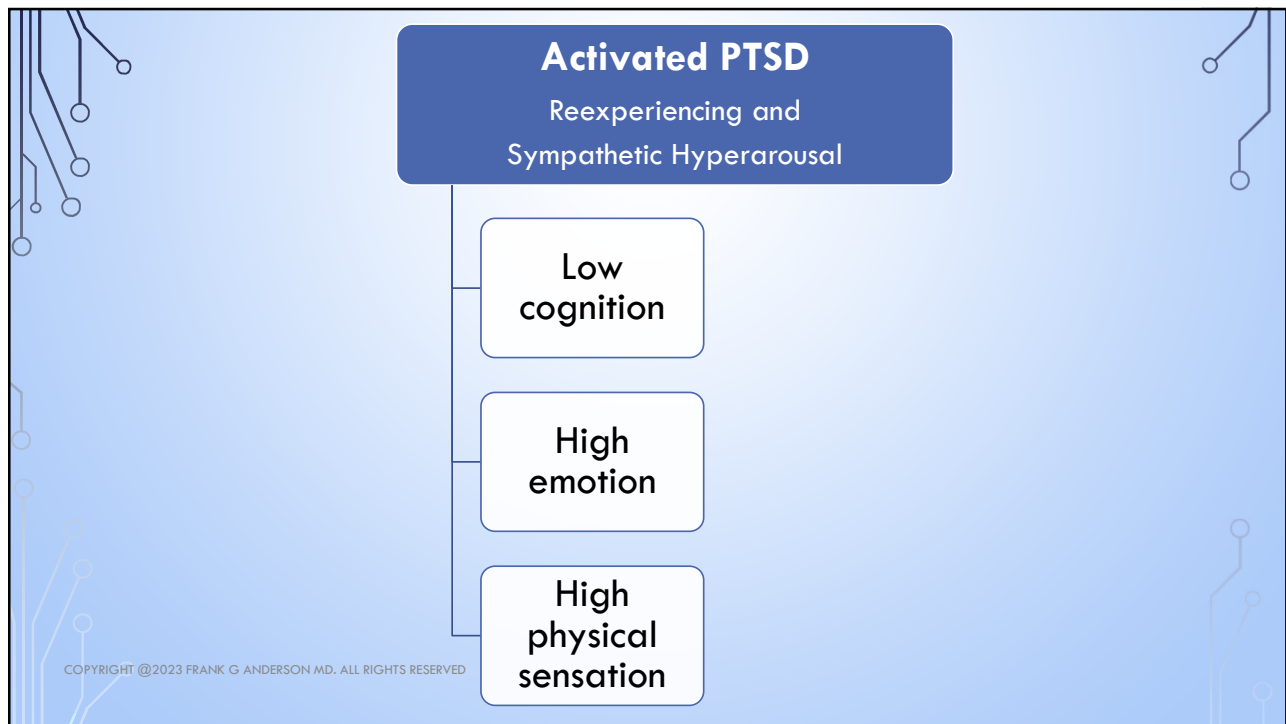
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Serotonin (5HT)	<ul style="list-style-type: none"> • Overall calming • Decreased in PTSD • SSRIs help by increasing 5HT
Norepinephrine (NE)	<ul style="list-style-type: none"> • Primary neurotransmitter in the stress response • Increased in PTSD • Beta blockers and alpha-2 agonists help decrease NE
Dopamine (DA)	<ul style="list-style-type: none"> • Overall excitatory • Increased in PTSD and dissociation • Antipsychotics help by decreasing DA
Glutamate	<ul style="list-style-type: none"> • The main excitatory neurotransmitter in the brain • Increased in PTSD and dissociation • Mood stabilizers help by decreasing glutamate
Gamma-aminobutyric acid (GABA)	<ul style="list-style-type: none"> • The main calming neurotransmitter in the brain • Altered in PTSD • Benzodiazepines and mood stabilizers help by increasing GABA

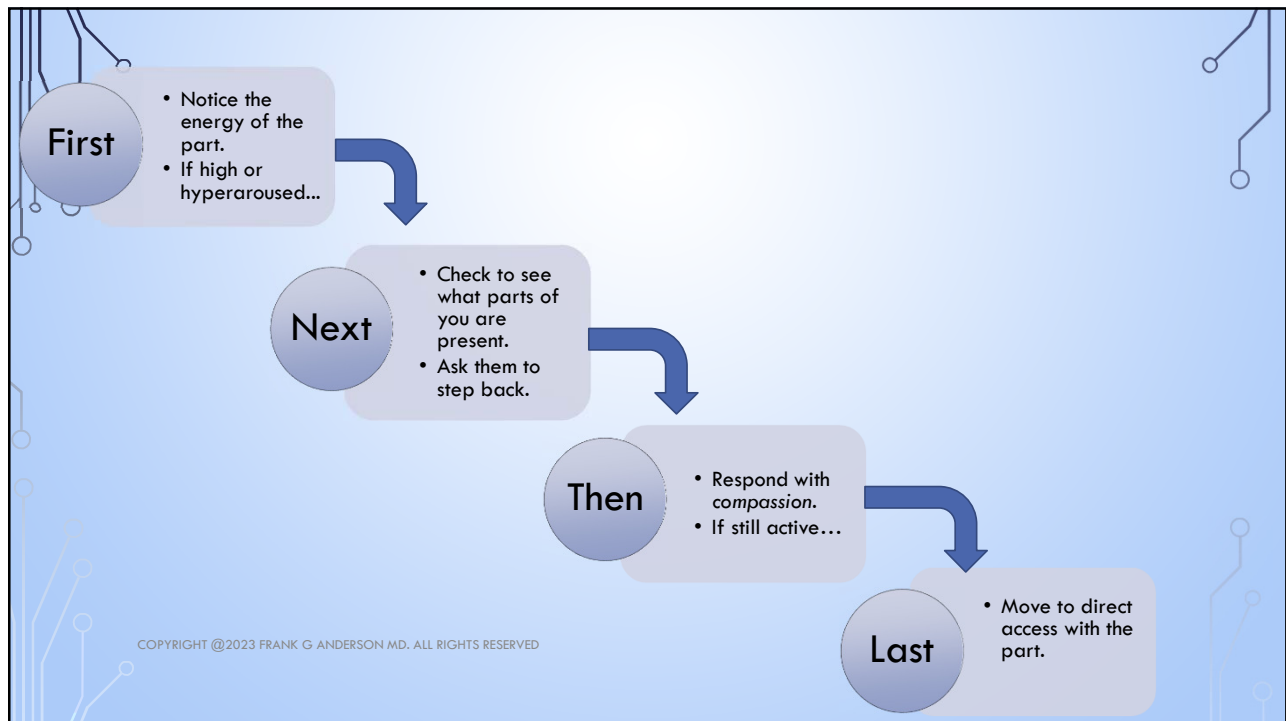
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Hippocampus	Amygdala	Prefrontal Cortex
<ul style="list-style-type: none"> • Calms amygdala firing • Reduced volume in PTSD • Pre-existing condition or a result of toxic stress? 	<ul style="list-style-type: none"> • Increases glutamate and consolidates trauma memory • Increased excitability and reactivity as a result of PTSD 	<ul style="list-style-type: none"> • Reduces fear by inhibiting the amygdala • Reduced volume of ventromedial prefrontal cortex and anterior cingulate cortex in PTSD

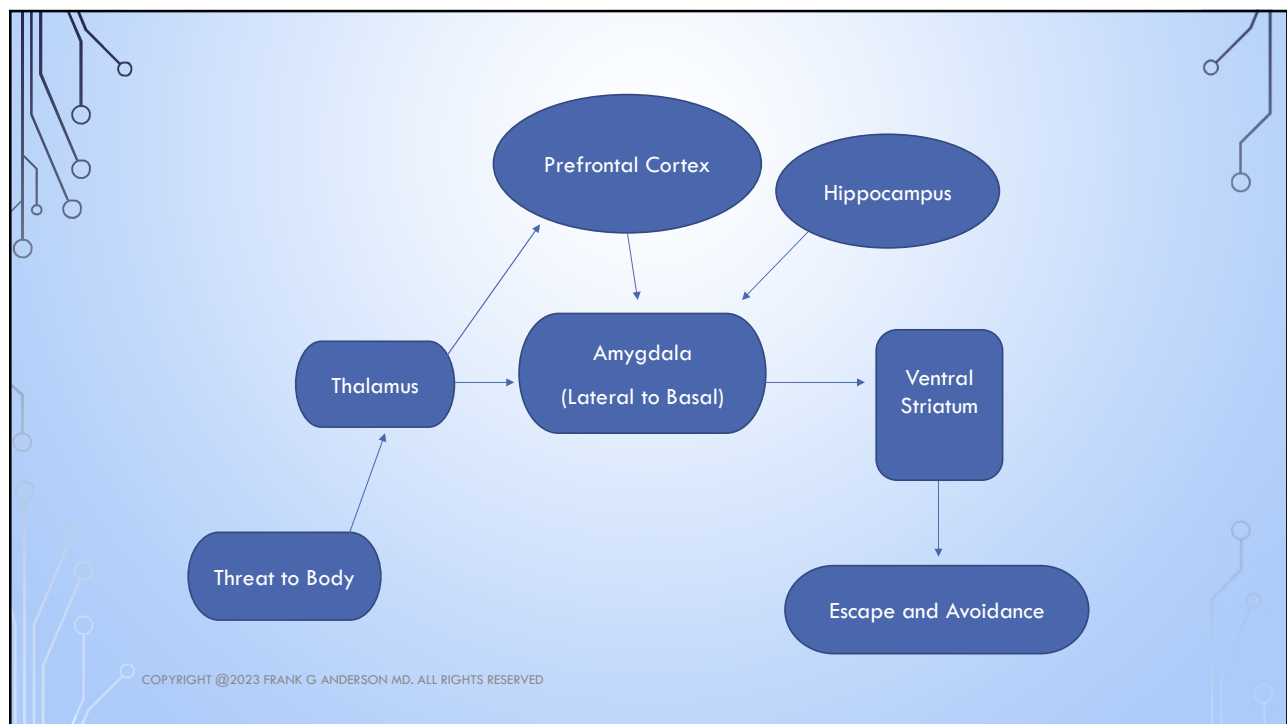
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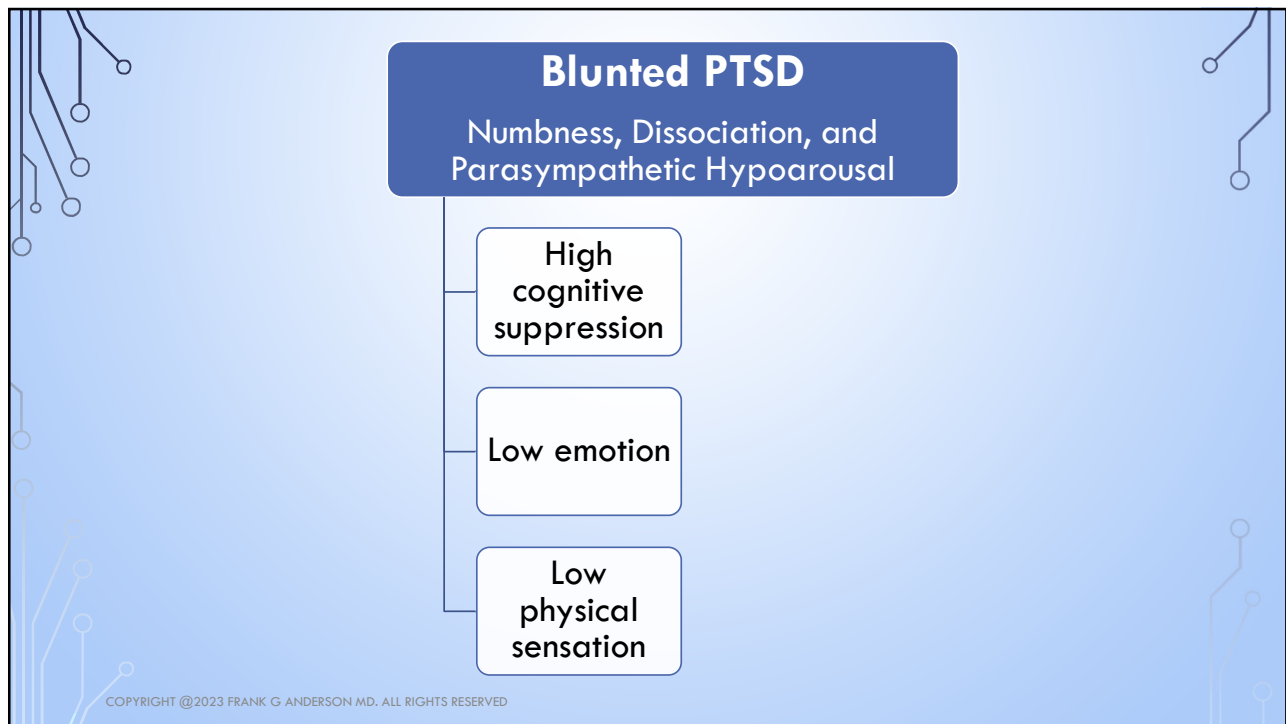
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CONNECTION VS. DANGER

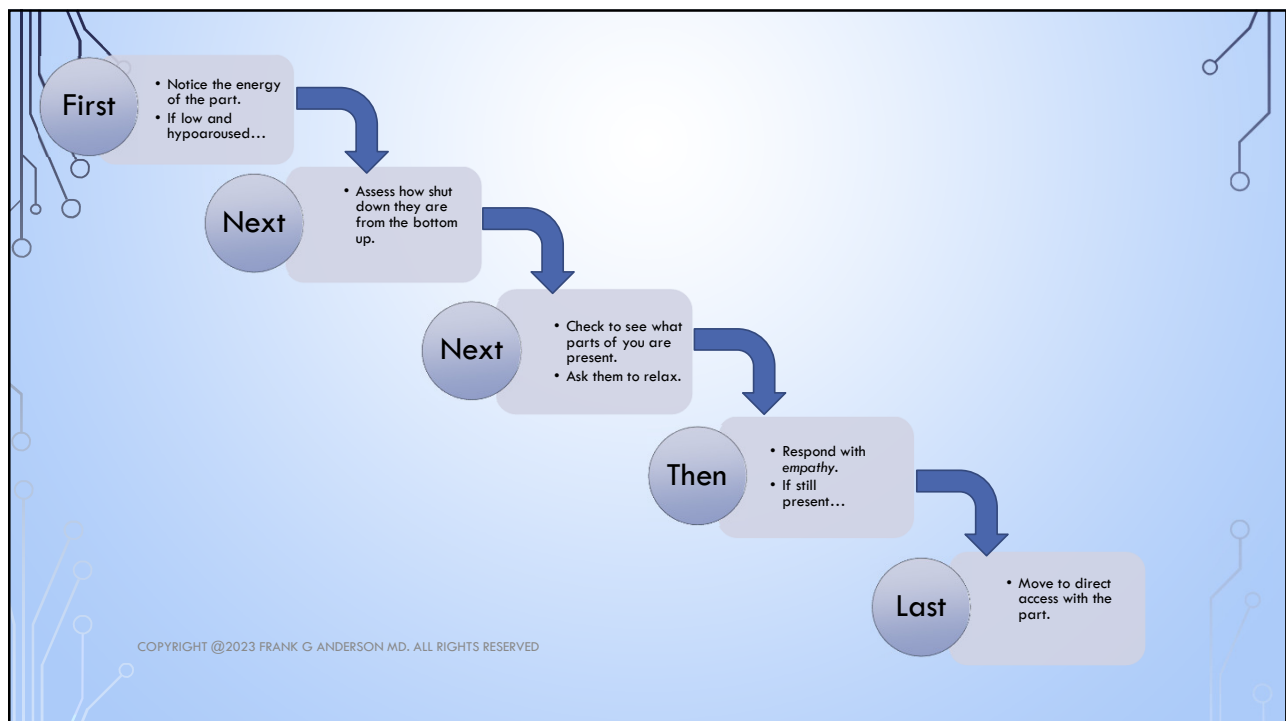
- **Social Engagement System- Poly Vagal Theory (Porges)**
 - **Feedback to brain regulating arousal during connection**
 - **Face to face contact (eyes), lungs, heart, throat**
 - **“Smart Vagus”- ventral portion of the parasympathetic**
 - **Contact without fear, engagement/disengagement, safety**
- **Life threat= dorsal branch parasympathetic**
 - **Shuts down PFC, amygdala, hippocampus, brainstem**

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CONNECTION IS IMPORTANT! SOCIAL BASELINE THEORY (SBT) (JAMES A. COAN)

- **Brains response less to threat with good relationships**
- **Hand Holding with good quality partner**
 - strongly diminished threat-related activations throughout the brain, including the right anterior insula, hypothalamus, and dorsolateral prefrontal cortex.
- **Lower quality partner**
 - Rt. anterior insula, superior frontal gyrus, & hypothalamus with increased stress hormones
- **Stranger**
 - Above plus- superior colliculus, right dorsolateral PFC, caudate and nucleus accumbens (vigilance)
- **Alone**
 - Above plus- ventral ACC, posterior cingulate, supramarginal gyrus, and postcentral gyrus

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ATTACHMENT TRAUMA

- **Attachment wounds make most of our relational decisions**
- **Healing involves Internal Attachment with Self**
 - External vs. internal relationship as therapeutic?
 - Therapist as an adjunct- The Self as the primary
- **What are we offering in IFS?**
 - Self as the corrective experience not the therapeutic relationship

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ATTACHMENT THEORY

- **The quality of parental care within the first two years of life promotes an attachment style for a child and sets a template for future relationships in adulthood.**
- These early bonding experiences are later remembered not as visual or verbal narratives but in the form of “implicit” or “emotional memories.”
- This sets the stage for affect tolerance, self soothing and an integrated sense of self later in life.
- Healthy regulation by primary caregiver leads to healthy self- regulation and secure attachment.

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ATTACHMENT THEORY

- **Attachment Styles**

- **Secure (62%)**

- Healthy regulation by primary caregiver leads to healthy self- regulation and secure attachment.

- **Avoidant (15%)**

- One response to an unresponsive or rejecting caregiver

- **Anxious-(Ambivalent) (9%)**

- The other response to unresponsive or rejecting caregiver

- **Disorganized (15%)**

- When caregivers are frightening (hostile/intrusive or helpless/fearful)
- Seek connection & avoid the caregiver. **Fright without solution!**

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Secure Attachment

The Self or parts of the child connect with the Self of the caregiver

Avoidant Attachment

A withdrawn part of the child connects with an activated or unresponsive part of the caregiver

Anxious Attachment

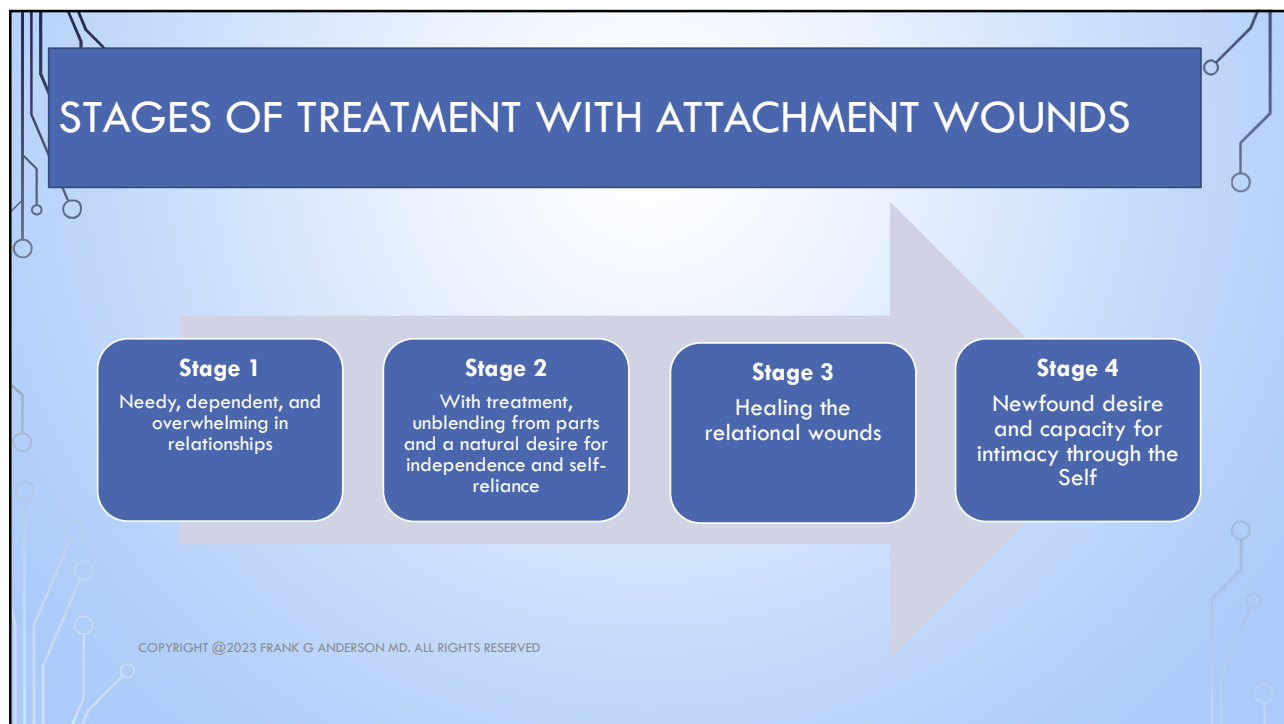
An activated part of the child connects with an activated or unresponsive part of caregiver

Disorganized Attachment

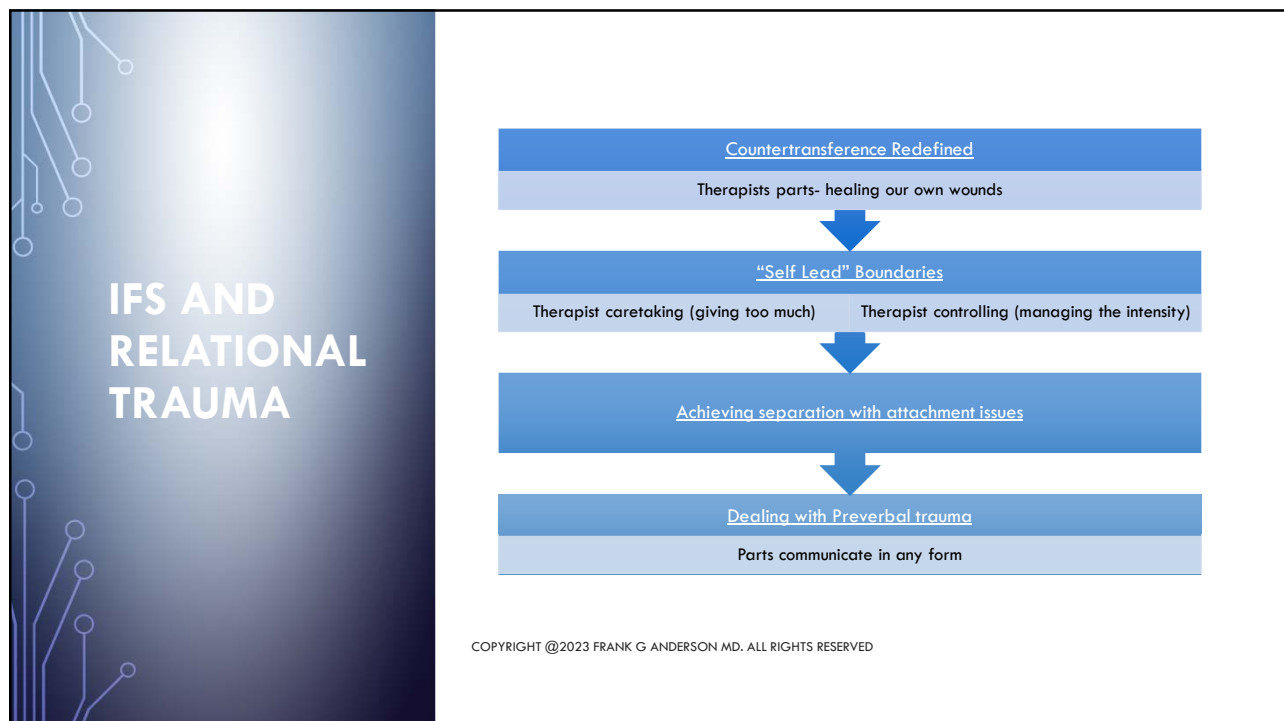
Different parts of the child connect with opposing and often triggered parts of the caregiver

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IFS AND RELATIONAL TRAUMA

Caretaking parts

- Giving to others what you wanted and never really had

Critical parts

Perpetrator parts

Passive, victimized parts

- We often feel them but don't name them
- Clients live a lot of their life from these parts

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CRITICS AND NEGLECT SHAME CYCLES

Critical parental parts

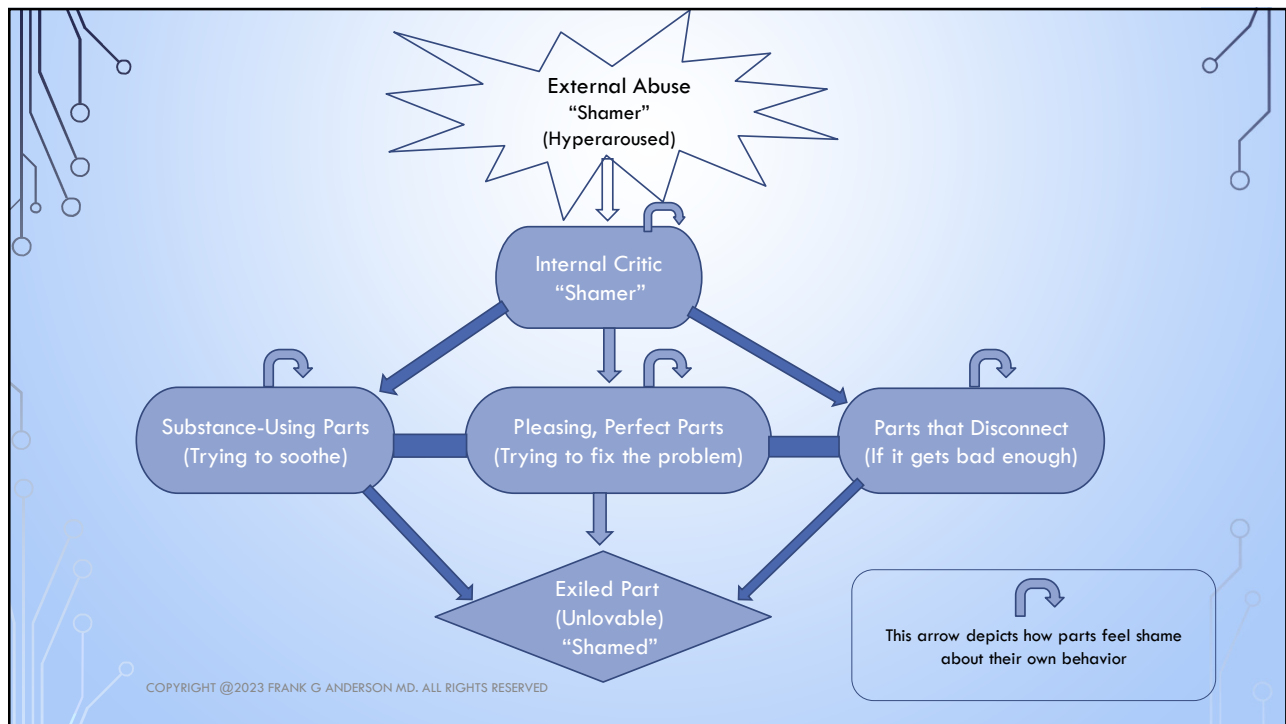
- Hyperaroused
- Internalized critic

Neglectful parental parts

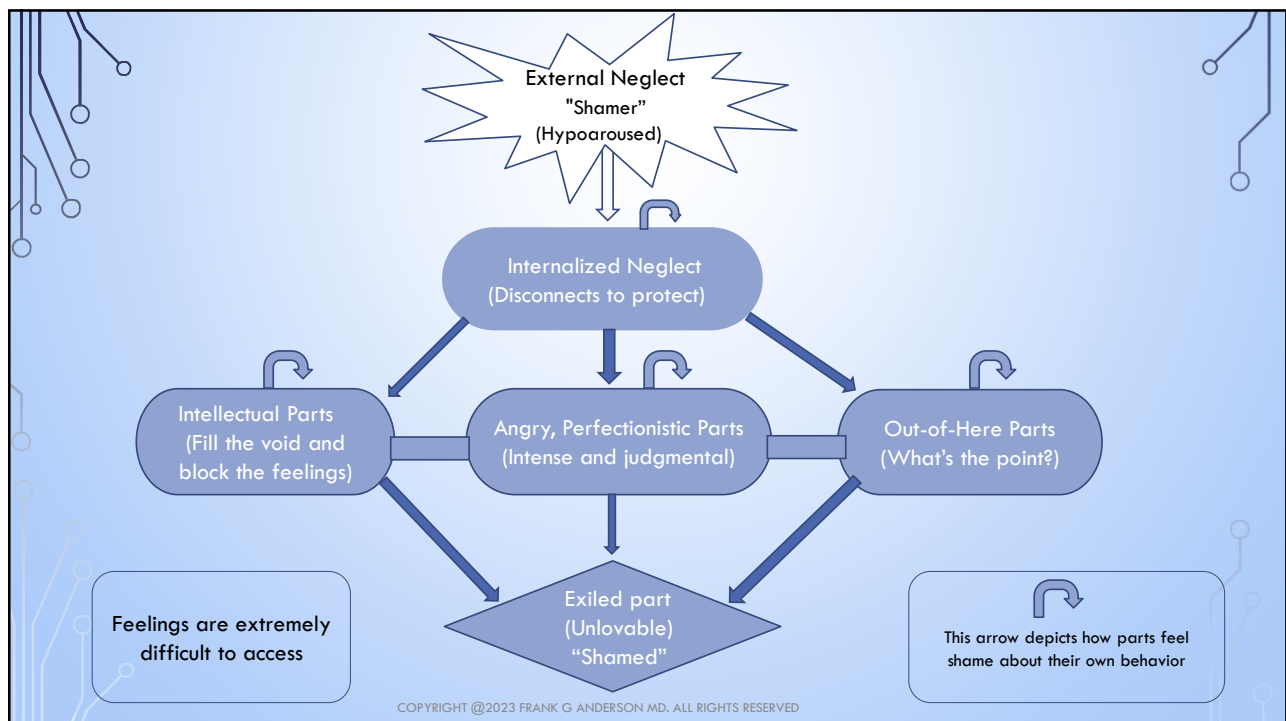
- Tenacious, slow going
- The absence of something
- Filling in with thoughts and thinking
- Work with body sensations as an entry point.

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SHAME AND THE BRAIN (LANUIS)

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Shame and the self

- Brain activation and brain connectivity
- Visceral gut feelings and disgust originate in the right posterior insula
- In moral injury the PAG (raw primitive emotions) connected to the DMN (self)
- Therefore, I am bad, I am disgusting get linked.

Uncouple shame and self

- Reach deep brain structures like the PAG and enhance self compassion

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SUBSTANCES AND ADDICTIONS

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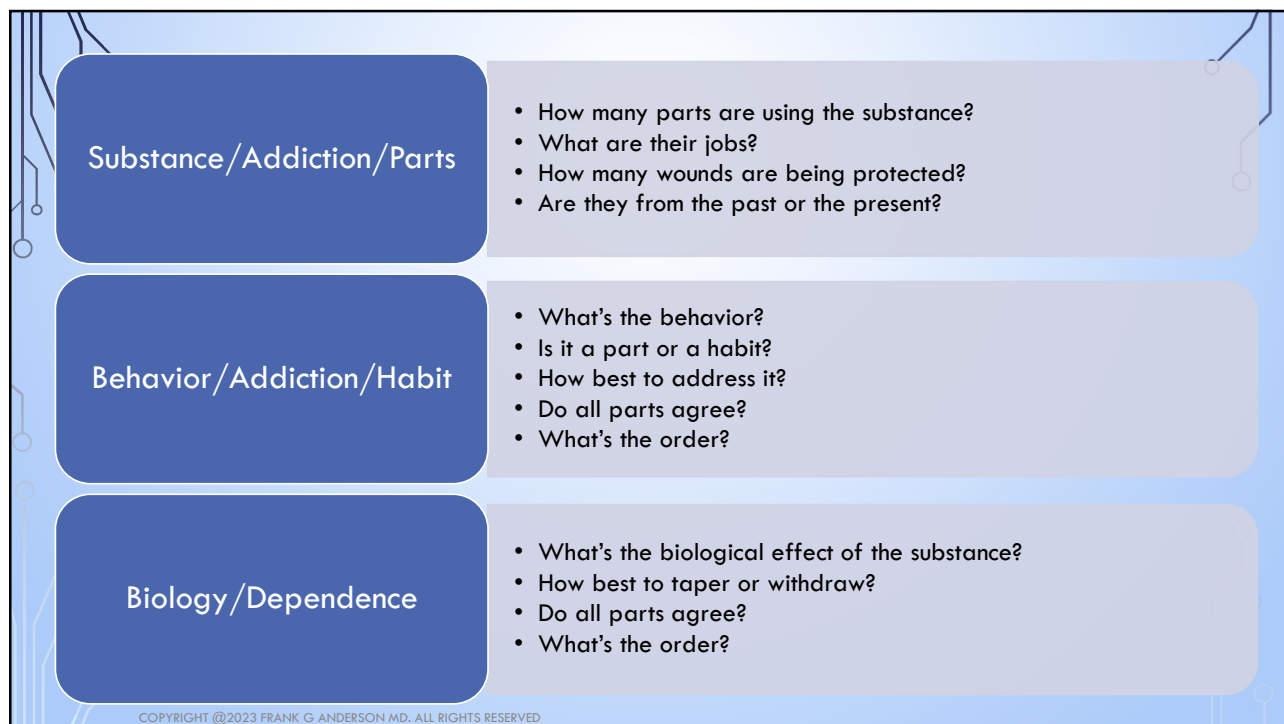
The Goals in IFS
with regard to
addictions is not to
stop the substance
use

It is to heal the
wound the
addictive part is
trying to protect, so
it no longer has to
do that job

We trust the
positive intention of
all addictive parts

We offer them
hope (the
invitation)
•What if you didn't have
to do this job anymore
•What if the wound was
no longer there

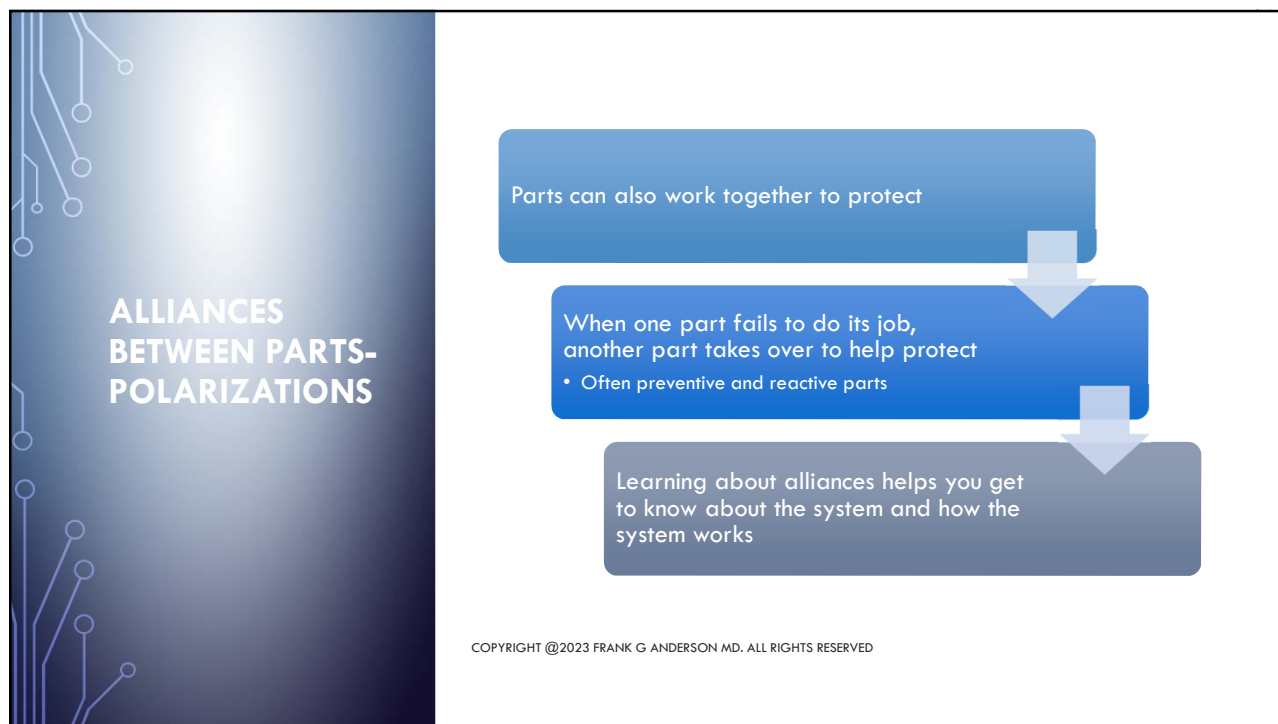
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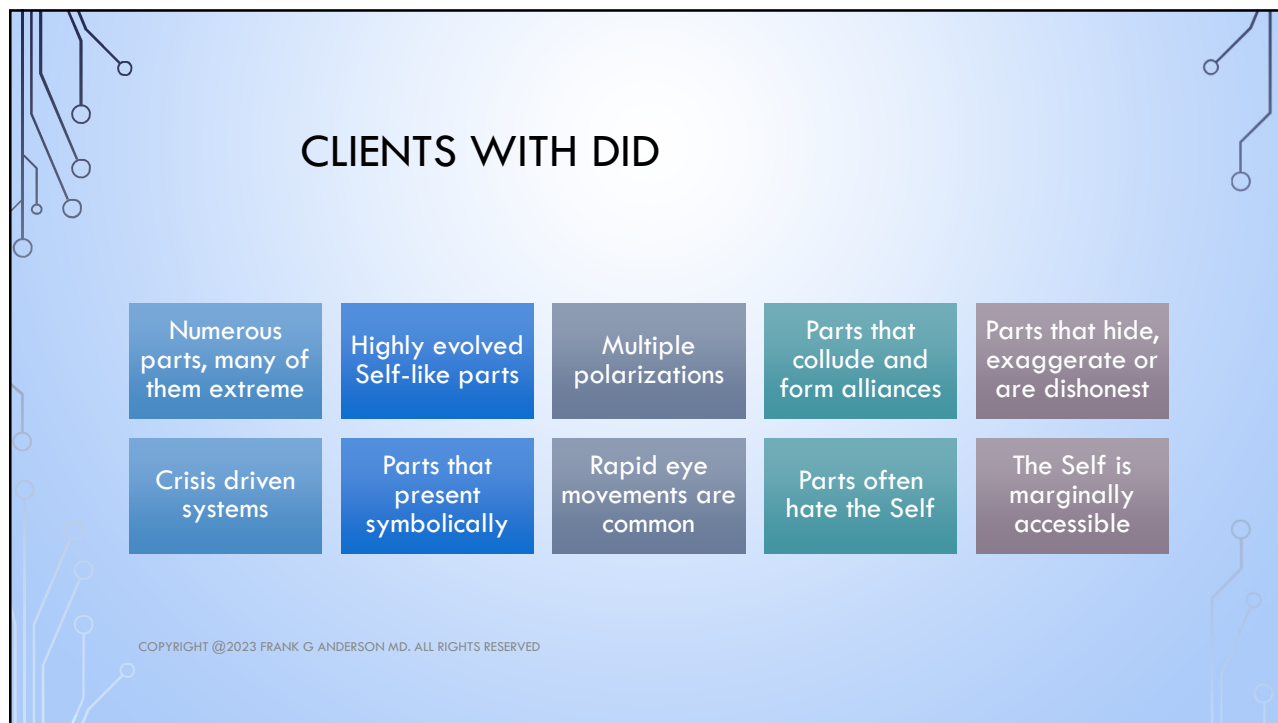
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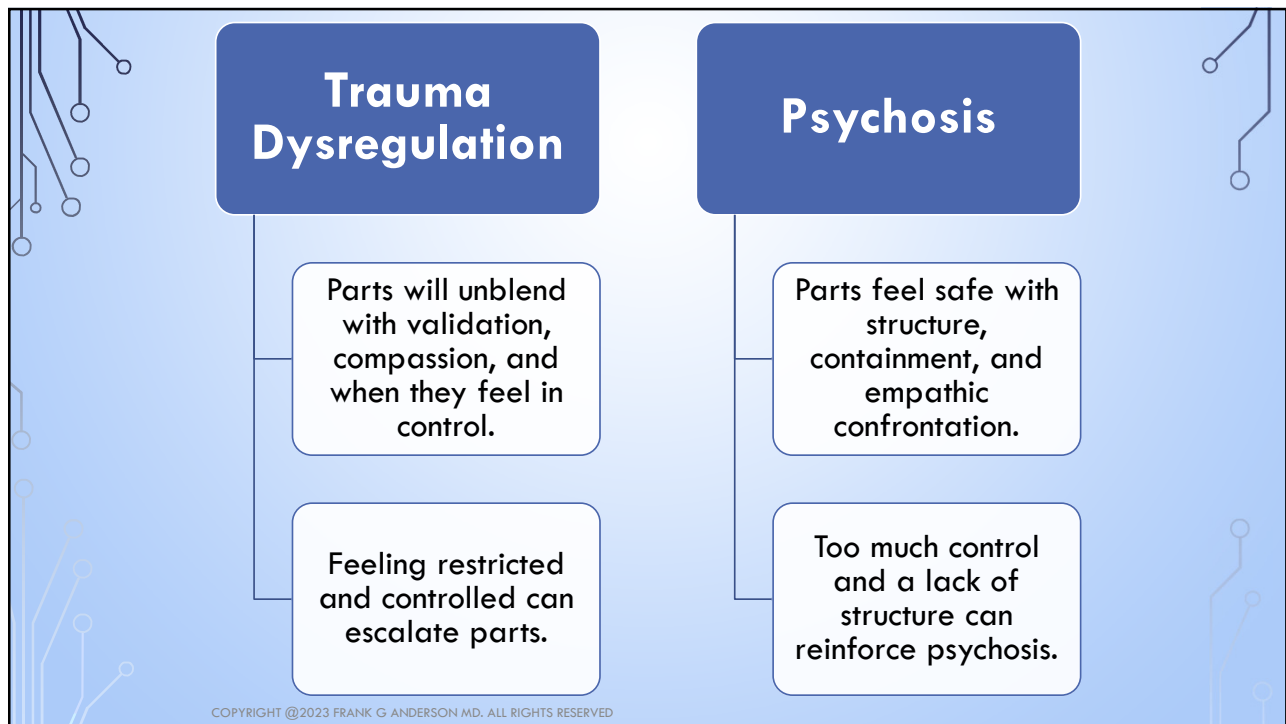
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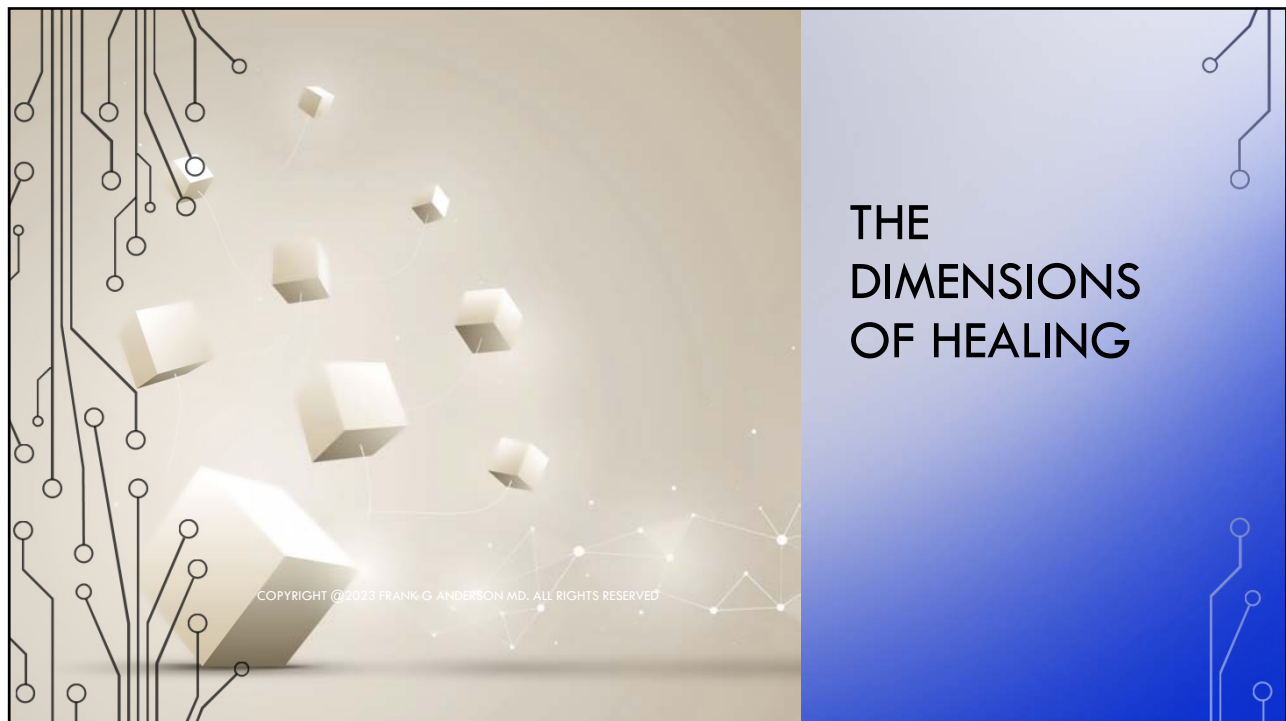
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HOW WOUNDS DEVELOP

Vulnerability

- Brene Brown's definition
 - To feel our emotions
 - To be able to share it with someone else.


Distorted Beliefs

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COMPONENTS OF HEALING

- Share
- Disconfirm
- Release



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THE ARC OF HEALING

Identify and embrace the positive intention of parts

Mindful separation or unblending

Accessing Self energy

The therapeutic relationship

Gaining permission

Sharing what's held or witnessing

Redo/disconfirmation or the corrective experience

Release or transformational healing.

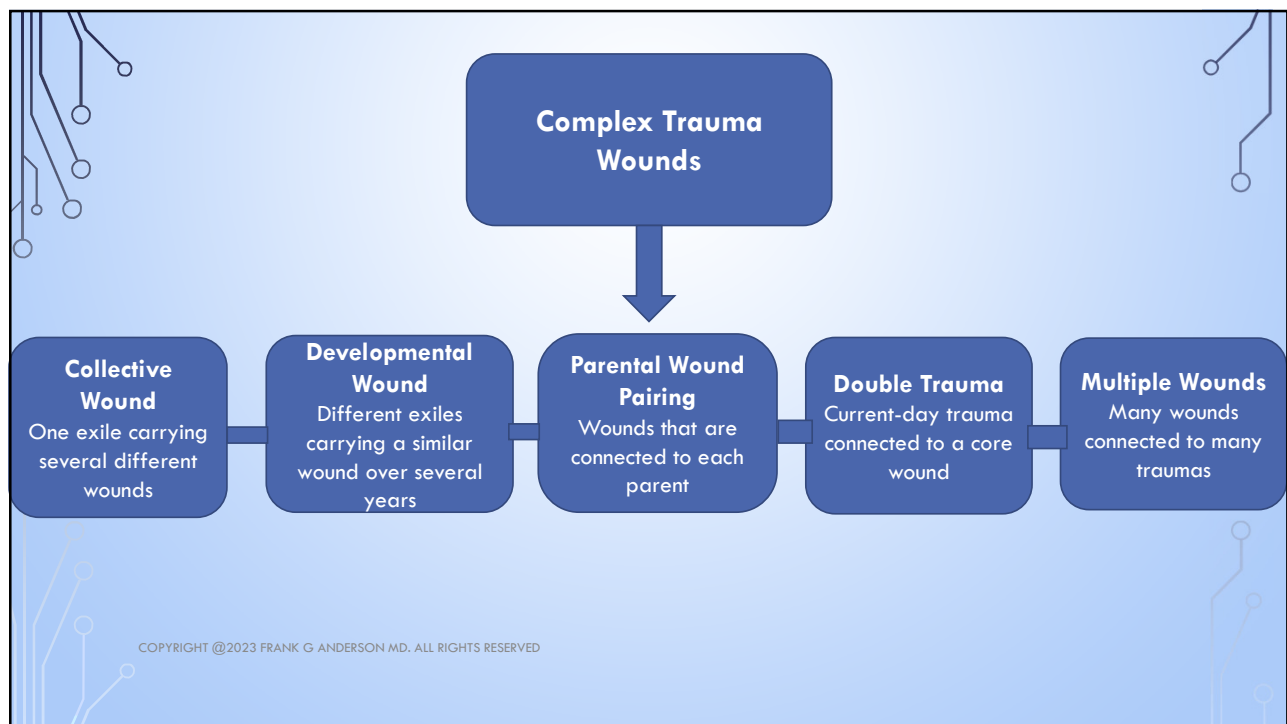
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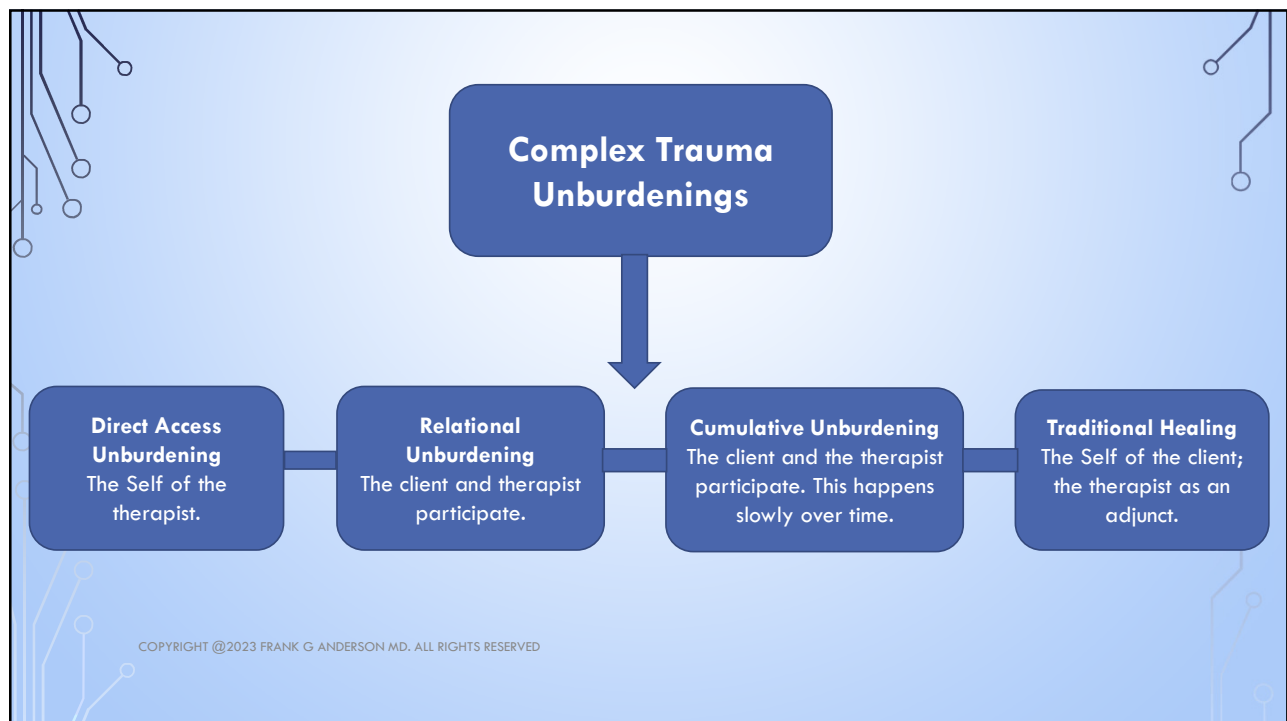
Witnessing	<ul style="list-style-type: none"> • Have the part share with the Self all that it's holding.
Do-over	<ul style="list-style-type: none"> • Have the Self go into the scene and give the part a corrective experience.
Retrieval	<ul style="list-style-type: none"> • Take the part out of the past and bring it somewhere safe in the present.
Unload	<ul style="list-style-type: none"> • Have the part release the thoughts, feelings, and physical sensations.
Invitation	<ul style="list-style-type: none"> • Allow the part to take in qualities it needs as it moves forward.
Integration	<ul style="list-style-type: none"> • Bring protectors back to see the unburdened part and suggest the release of their roles.

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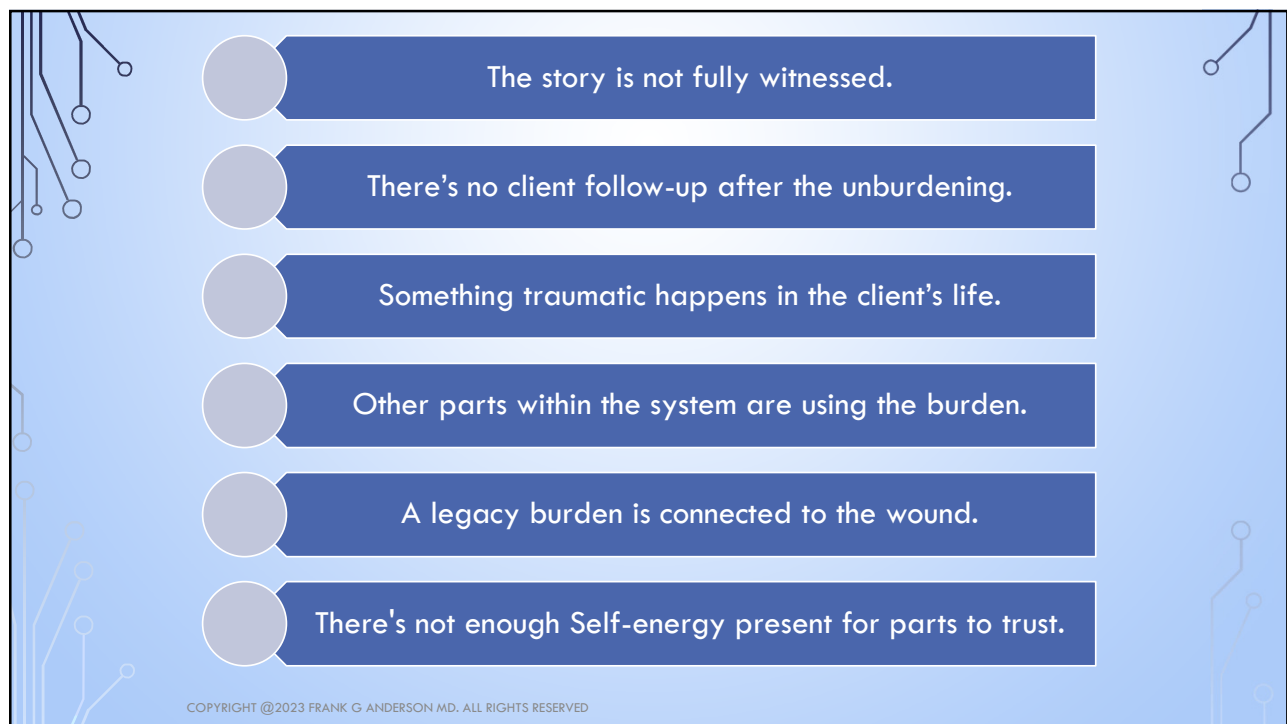
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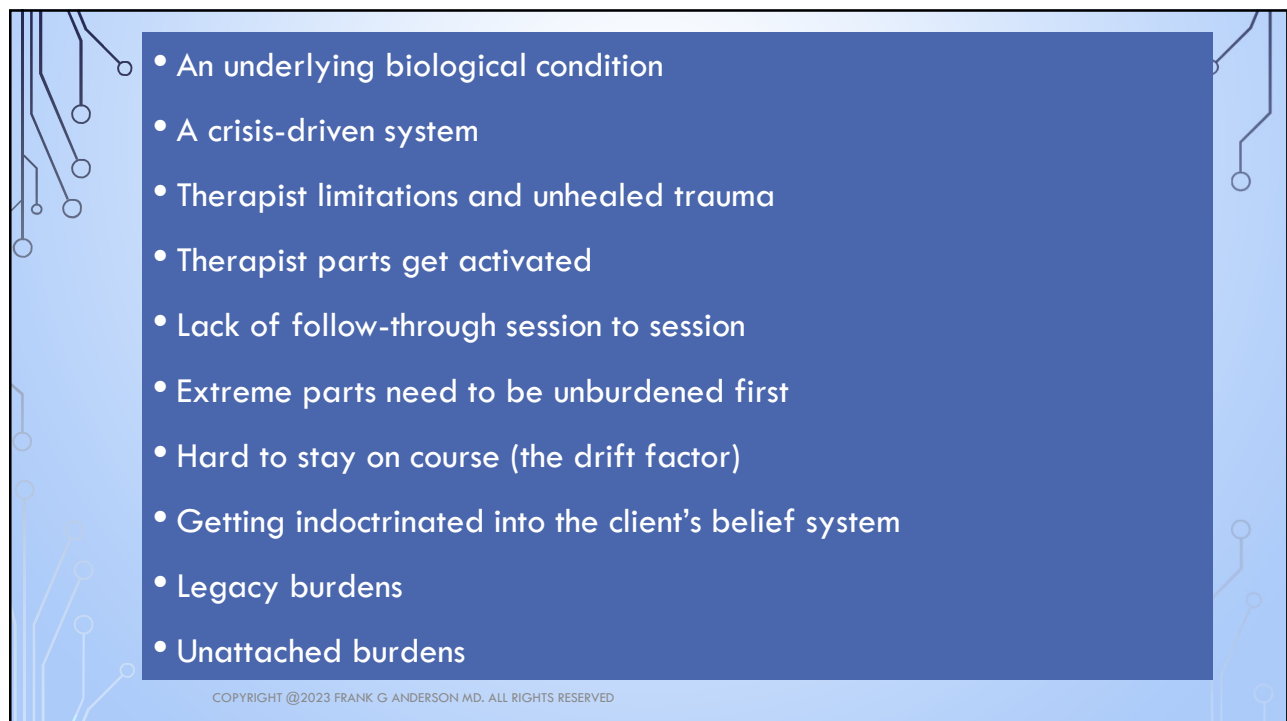
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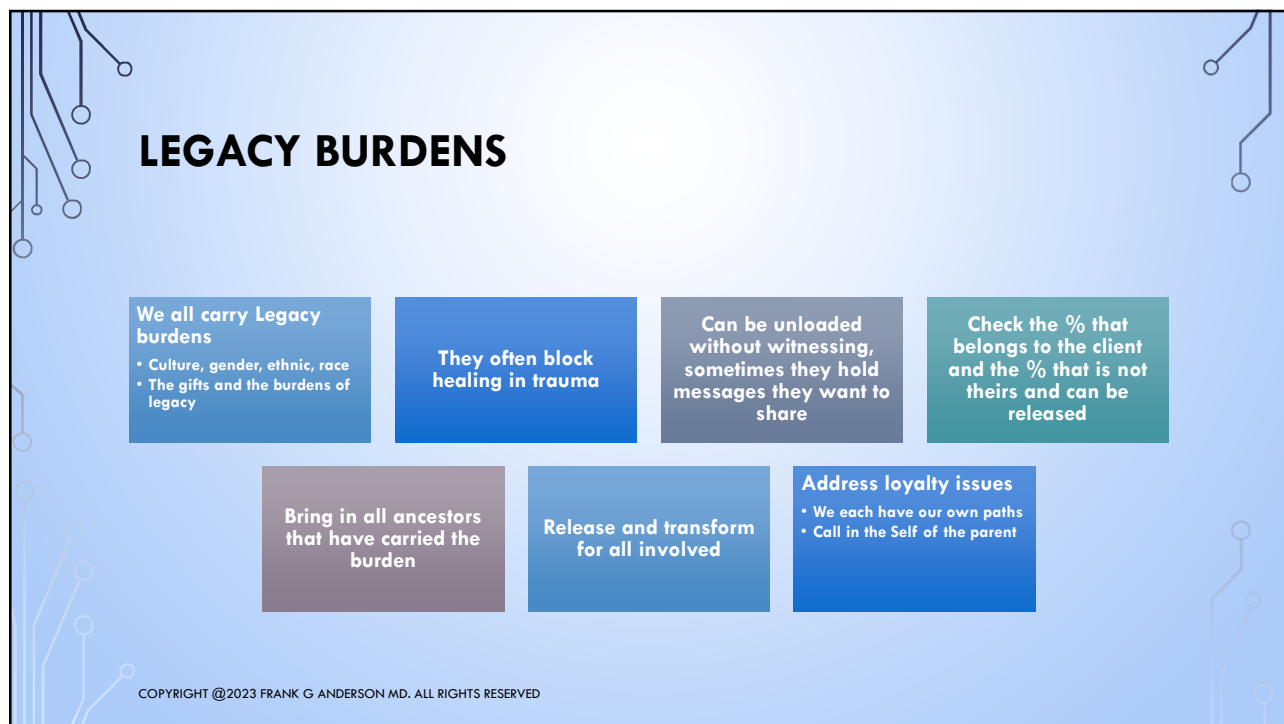
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POST UNBURDENING PROCESS

1

Check in daily with unburdened part for three to four weeks.

2

Adjust to a new way of being in the world.

3

Secure the relationship between the Self and former exile.

4

Integrate protectors by helping them trust the Self and let go of their old roles.

5

Allow for protector unburdening if necessary.

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INTEGRATION & REPAIR

• Backlash

- Parts didn't give permission, not OK to feel good, protectors not followed up with.

• Why burdens return

- Not the whole story, not fully witnessed, no client follow-up, other parts are using the burden, something traumatic happened in life

• Repair, forgiveness & confrontation

- Self to parts & Self to perpetrator

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FORGIVENESS

Forgiveness is often suggested prematurely

Forgiveness is about the person holding the pain, not about the perpetrator

Forgiveness after releasing trauma

- Untethering
- Unaffected and acceptance
- Holding complexities
- True acceptance
- Freedom

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RECEIVING HELP

Protective parts can struggle to receive help from the Self.

Clients can struggle to receive help from beyond themselves.

Wounded parts can benefit from help from the Self and beyond.

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- Accessing different frequencies of healing
 - Friends and loved ones that have passed/ancestors/spirit animals/guides and teachers (a collective as well as individuals for example)/Angels/ascended masters (Jesus buddha)/God or the divine
- Messages
 - Client examples (Good and evil)
 - My receiving messages for clients (Dog and husband)
 - Have a quality different from thoughts or imagination. A truth about them.

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RECEIVING HELP OR MESSAGES FROM BEYOND

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- Self energy is healing energy
- Collective energy is very powerful
- Demo's
 - The collective power of energy
 - I'm often asking for help from beyond
- My own healing often helped by spirit. Sometimes that I all that is necessary, sometimes it's a first step toward healing when I don't have enough Self energy present.
- Working with past life issues that come up
 - Make sense in the context of the client's current life. Like a piece of the puzzle.

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HELP WITH RELEASING

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ACCESSING THE SPIRITUAL THROUGH PSYCHEDELICS

- **MDMA**

- ↑ 5-HT, NE, DA, oxytocin & vasopressin, ↓ Left amygdala activity, ↑ PFC activity
- allowed patients to re-experience traumatic experiences in the absence of fear (enhance extinction)
- The combined neurobiological effects of MDMA can increase compassion for self and others, reduce defenses and fear of emotional injury, and make unpleasant memories less disturbing while enhancing communication and capacity for introspection

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ACCESSING THE SPIRITUAL THROUGH PSYCHEDELICS

Ketamine- anti-glutamate

- Lozenge's , IM or IV

LSD- decrease anxiety, discovery of serotonin neurotransmitter

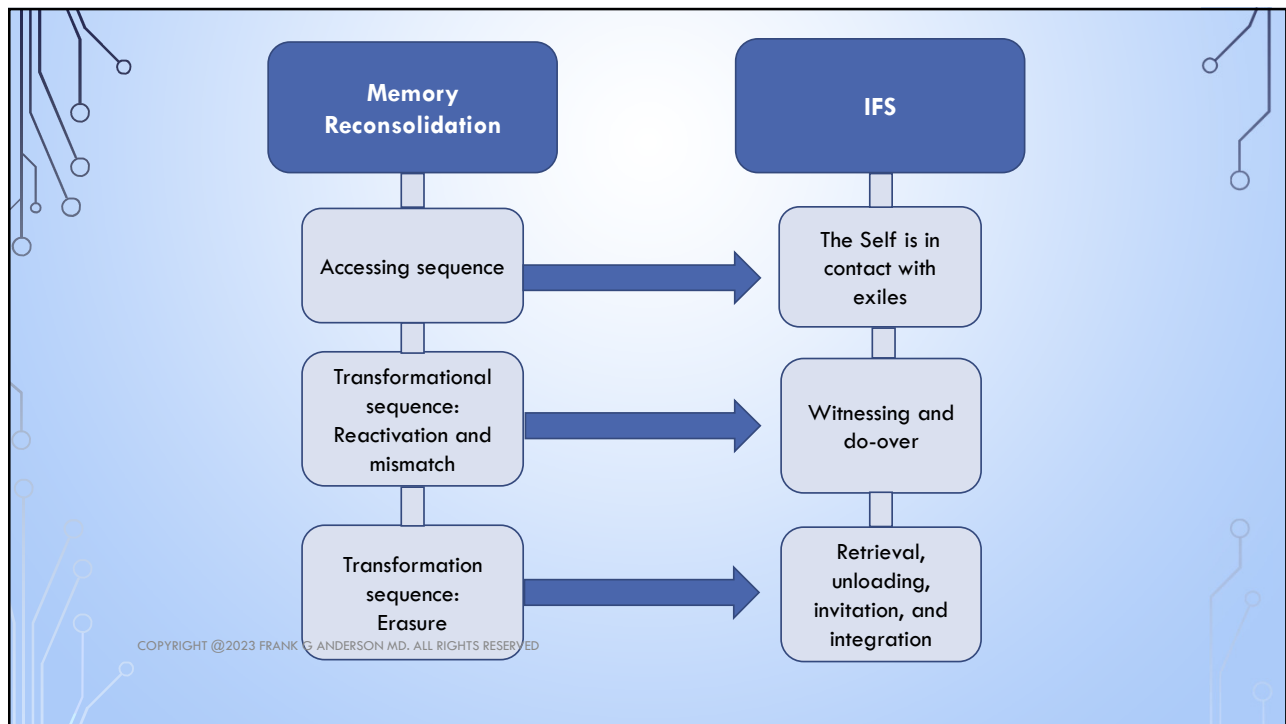
Psilocybin- mushrooms, serotonin hallucinogen

Ayahuaska- for drug addiction and PTSD

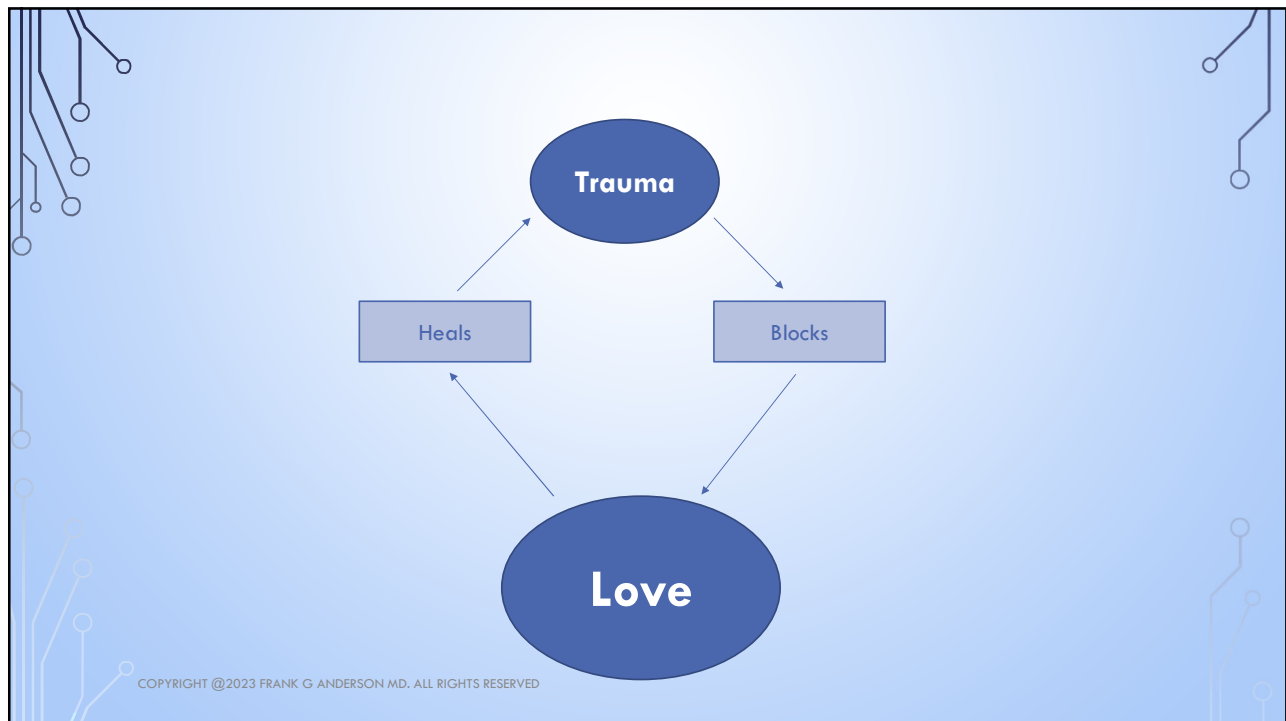
Medical Marijuana- PTSD in veterans

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